FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 14, 2001 8:00 am Secretary of State DOCUMENT # P9900034622 1. Entity Name KLAUBER CONTRACT INTERIORS, INC. 04-14-2001 90025 033 \*\*\*150.00 Principal Place of Business Mailing Address C/O STEPHEN J. MITCHELL C/O STEPHEN J. MITCHELL P.O. BOX 3433 P.O. BOX 3433 TAMPA FL 33601 **TAMPA FL 33601** 2. Principal Place of Business 3. Mailing Address 1620 Gulf of Mexico Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0915343 Longboat Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34228 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Murray J. Klauber MITCHELL, STEPHEN J Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN ST., STE. 2100 1620 Gulf of Mexico Drive **TAMPA FL 33602** City Longboat Key Zip Code 34228 e of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nar ibmits this statement fo (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition CR2E034 (10/00) X Delete DPST Change TITLE TITLE KLAUBER, MURRAY J NAME Klauber, Murray J. NAME STREET ADDRESS 1620 GULF OF MEXICO DR. STREET ADDRESS 1620 Gulf of Mexico Drive CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 Longboat Key, FL 34228 ☐ Change TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or instee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an at

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FICER OR DIRECTOR

Klauber, Pres.

941-383-7419

Daytime Phone #