## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000048314

Mailing Address

3 Mailing Address

4727 SW 13TH AVENUE

CAPE CORAL FL 33914

SUITE 201

1. Entity Name

SUITE 201

INTERIORTEK INC.

Principal Place of Business

4727 SW 13TH AVENUE

CAPE CORAL FL 33914

2. Principal Place of Business

SIGNATURE:

AT RRIALS AND



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90065 023 \*\*\*150.00

90020228



Suite, Apt. #	<u> </u>	Saite, Apt. #etc.	Mte, Apt. # etc.			CHECK HERE IF MAKING CHANGES							
City & State		City & State	78 State			4. FEI Number 65-0923607				<u> </u>	olied For Applicable		
	Zip Country		Zjjo	Coun		itry 5.		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent.					7. Name and Address of New Registered Agent								
	, o, Name and Addres	s.or.ourient No	gistored Agent.		Name		- / /			7			
JAMES, STUART					JAMESS. > (UAK)								
					Street Address (P.O. Box Number is Not Acceptable)								
STE 201 4727 SW 13 AVENUE						# 27 42							
CAPE CORAL FL 33914						# 330-							
					City	,T-	•			F	L 3338	38	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Trust Fund	Campaign F d Contributi	on.	☐ Added	<b>0</b> May Be to Fees	
10.	· OF	FICERS AND DI	RECTORS	11.		/	ADDITION	IS/CHAN	GES TO OF	FICERS AN	ND DIRECTORS		
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NAME	STUART, JAMES W			NAM			1	20.41	CAAL	20 2	#3302	,	
STREET ADDRESS	4727 SW 13 AVENU				et address -st-zip	700	- / L	<i>~</i>	<b></b>	2 /	6		
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CITY-ST-ZIP			nis filing does not qualify fo			lad in Soction	on 119.07	(3)(i) Elor	ida Statute	s I further	certify that the in	nformation	
indicated of the cor	l on this report or suppler reporation or the receiver of	nental report is tr or trustee empow	his filing does not qualify to rue and accurate and that r rered to execute this report thal other like empowered	my signa : as requi									