2000 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2000 8:00 am Secretary of State DOCUMENT # **P99000070246** COMMERCIAL INTERIORS ASSOCIATES, INC. 04-04-2000 90037 049 ***150.00 Principal Place of Business Mailing Address 6021 ELDORADO DRIVE 6021 ELDORADO DRIVE TAMPA FL 33615 TAMPA FL 33615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FE) Number Applied For City & State City & State 65-0**9**58700 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PULLARA, SAM JR Street Address (P.O. Box Number is Not Acceptable) 6021 ELDORADO DRIVE **TAMPA FL 33615** Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change X Addition Delete TITLE PRESIDENT TITLE NAME NAME SAM PULLARA, JR. STREET ADDRESS STREET ADDRESS 6021 ELDORADO DRIVE CITY-ST-ZIP CITY-ST-ZIP <u>TAMPA. FL 33615</u> 🔼 Addition ☐ Delete ☐ Change TITLE VICE PRESIDENT TITLE NAME NAME GUSTAVE SCHMIDT STREET ADDRESS STREET ADDRESS 22202 FEATHERNEST CT CITY-ST-ZIP CITY-ST-7IP <u>LUTZ, FL. 33549</u> CHIEF FINANCE OFFICER ☐ Change X Addition TITLE ☐ Delete TITLE NAME NAME T LAURA PULLARA STREET ADDRESS STREET ADDRESS 6906 SILVERMILL DRIVE CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL. 33635 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 fue 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 trustee 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 attactime with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

SIGNATURE:

TITLE NAME

STREET ADDRESS

CHIEF FINANCIAL OFFICER - 03/29/00

(813) 814-2578

Change

☐ Addition