2001 UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT # P99000077179 1. Entity Name INTERIOR Trim CONNection INC.					FILED			
Charlotte W. Reed					OI JUL 17 AMII: 16			
Principal Place of Business Mailing Address 11768 Bright Star Cir.					SECRETARY OF STATE ȚALLAHASSEE, FLORIDA			
TAII, F1. 32305								
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #,		t. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	City & State			4. FEI Number Applied For Not Applicable				
Zip Country	Zip .	Count	ry	5 . C	Certificate of Status Desired	\$8.75 Add	ditional	
6. Name and Address of Current	Registered Agent	ed Agent			7. Name and Address of New Registered Agent			
Charlotte W. Reed			Name Street Address (D.O. Boy Number is Not Acceptable)					
Charlotte W. Reed 11768 Bright Star. Cir Tall F1. 32305			Street Address (P.O. Box Number is Not Acceptable)					
TAIL F1. 323 03			City	FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or regis				red age		<u>L</u>		
and a second and statement of the paragraph of the second of registrose agont or both, in the state of registrose								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Tax filing requirement and elects to do so. After MAY 1, 2001		1 Fee v	FEE IS \$150.00 Fee will be \$550.00 to Department of Stat		Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11. OFFICERS AND		12.		ADI	DITIONS/CHANGES TO OFFICERS A			
TITLE MAME Brent A. Reed STREET ADDRESS 50) Blairstene K CITY-ST-ZIP TAIL TAIL TAIL TAIL TAIL TO THE ASSURET TO TH	d Aptazze	1			:	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TALL President Charlotte W. R. Charlotte W.	1			Sela -	20000453 -08/14/01 *****61.	Change 33862 01048- 25 ****	□ Addition { 2	
11/02 11:10:			í		, , ,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREE CITY-S	T ADORESS			☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	Addition	
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 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 attachment with an address, with all other like empowered.								
SIGNATURE: Wheel Signature and typed or printed name of Signing Officer or Director Date Days Phone #								