

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91187 013 ***150.00

0073744

DOCUMENT #

1. Entity Name

~~INTERIORS PURCHASING GROUP, INC.~~
 PAMELA TEMPLES INTERIORS, Inc.

Principal Place of Business

7652 ASHLEY PARK COURT
 SUITE 306
 ORLANDO FL 32835

Mailing Address

7652 ASHLEY PARK COURT
 SUITE 306
 ORLANDO FL 32835

00070188

2. Principal Place of Business

719 Peachtree Road
 Suite, Apt. #, etc.

3. Mailing Address

719 Peachtree Road
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FLORIDA

City & State

Orlando FLORIDA

4. FEI Number

~~59-304206~~
 59-304206

Applied For

Not Applicable

Zip

32804

Country

Zip

32804

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MEDINA, DANIEL ESQUIRE
 4740 CLEVELAND HEIGHTS BLVD.
 LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)

FILE NOW!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DP	MCMULLEN, PAMELA	7652 ASHLEY PARK COURT, SUITE 306	ORLANDO FL 32835	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and 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 of this report, with an address, with all other like empowered

SIGNATURE:

Pamela L. McMullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.01

Date

407 298 9484

System Phone #