

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90401 027 ***150.00

DOCUMENT # S92019

1. Entity Name
TURN KEY INTERIORS, INC.



Principal Place of Business

1402 E LAS OLAS BLVD.

SUITE 1062

FT. LAUDERDALE FL 33301

Mailing Address

1402 E LAS OLAS BLVD.

SUITE 1062

FT. LAUDERDALE FL 33301



2. Principal Place of Business

1314 E. LAS OLAS BLVD. 1314 E. LAS OLAS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1062

SUITE 1062

FT. LAUDERDALE, FL.

City & State

City & State

FT. LAUDERDALE, FL.

Zip

33301

Country

U.S.A.

Zip

33301

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0298543

Applied For

Not Applicable

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

ROTH, ALVIN N.

4390 N. FEDERAL HWY

SUITE 103

FT. LAUDERDALE FL 33308

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. 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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PST
LACEY, JESSIE
2831 NE 40TH ST
FT LAUDERDALE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AN 06/03 954-564-9992

CR2E034 (10/02)