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

- Mailing Address

10133 S. FEDERAL HWY

PORT ST. LUCIE FL 34952

## V05234 **DOCUMENT #**

1. Entity Name

10133 S. FEDERAL HWY

PORT ST. LUCIE FL 34952

THE OAKS INTERIORS, INC.

Principal Place of Business \*\* \*\*\* \*\*\*



**FILED** Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90059 006 \*\*\*150.00

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Suite, Apt. #, etc.   GHECK HERE IF MAKING CHANGES   Application   GREAT #, etc.   GHECK HERE IF MAKING CHANGES   Application   GREAT #, etc.   GHECK HERE IF MAKING CHANGES   Application   GREAT #, etc.   GHECK HERE IF MAKING CHANGES   Application   GREAT #, etc.   GREAT #, etc.   GHECK HERE IF MAKING CHANGES   Application   GREAT #, etc.   GREAT #	US	US					
Coy & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate & 55-305842  A, FCI Number & 55-305842  Applicable  S. Certificate of Status Desired  For Required  For R	2. Principal Place of Business		3. Mailing Address		5 19051 #87011 #08401 #1110 11 11800 14815 #1103 #	.011 01011 01011 01011 01011 01011 01011	
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S. Cerificate of Satusus Desired   Face Prequired    S. Cerificate of Satusus Desired   Face Prequired    Face Store    City   FL   Zap Code    City	City & State		City & State		4. FEI Number 65-0305842	Applied For Not Applicable	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Numb	Zip	Country	Zip	Country		Fee Required	
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent						
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	IOINOON BAUNONB			Name	Name		
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent and take it applicable.    Signature		·	•	Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00							
B. The above named entity sutmits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature hyeritor printed name of registered agent and side 4 applicables.   (NOTE Registered Agent algorithms executed where remaining)   DATE	PORT SAINT LUCIE FL 34952						
SIGNATURE    Signature species of projectored agent.   Signature species of agent title displacetable   Signature sequence when reproducing)   DATE				City	City FL Zip Code		
FILE NOW!! FEE IS \$150.00  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MANE  STREET ADDRESS  CITY-ST-2P			the purpose of changing it	s registered office or reg	istered agent, or both, in the State of Florida. I	am familiar with, and accept	
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2. 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	CITY-ST-ZIP						
	12. I hereby c	ertify that the information supplied with	this filing does not qualify fo	or the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further	certify that the information	

nd accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the recei changed, or on an attachmen

SIGNATURE:

Date