


FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # V48426 1. Entity Name SCHIAVONE INTERIORS, INC.			
Principal Place of Business 1721 MEMORIAL PARK DRIVE JACKSONVILLE, FL 32204		Mailing Address 1721 MEMORIAL PARK DRIVE JACKSONVILLE, FL 32204	
DO NOT WRITE IN THIS SPACE			
		01252004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3135300	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYES, DENNIS E. 233 EAST BAY STREET SUITE 620 JACKSONVILLE, FL 32202		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and (file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/>	\$5.00 May Be Added to Fees 000000068037 02/27/04-80025-011 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHIAVONE, LORI K. 3751 ORTEGA BLVD. JACKSONVILLE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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 807, 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: 		Feb 24, 2004 904-355-1433	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	