

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 25, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000086189**

1. Entity Name  
 INTERIOR WORKROOM SOLUTIONS, INC.

Principal Place of Business  
 507 N DIXIE HWY, UNIT ONE  
 LAKE WORTH FL 33460

Mailing Address  
 507 N DIXIE HWY, UNIT ONE  
 LAKE WORTH FL 33460

2. Principal Place of Business  
 507 N DIXIE HWY

3. Mailing Address  
 507 N DIXIE HWY

Suite, Apt. #, etc.  
 UNIT ONE

Suite, Apt. #, etc.  
 UNIT ONE

City & State  
 LAKE WORTH FL

City & State  
 LAKE WORTH FL

Zip Country  
 33460

Zip Country  
 33460

4. FEI Number  
**65-1039628**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

THOMPSON RHODALINE N  
 507 N DIXIE HWY, UNIT ONE  
 LAKE WORTH FL 33460 US

**7. Name and Address of New Registered Agent**

Name  
 THOMPSON RHODALINE N

Street Address (P.O. Box Number is Not Acceptable)  
 507 N DIXIE HWY  
 UNIT ONE

City  
 LAKE WORTH FL Zip Code  
 33460

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 **RHODALINE N. FRANCE THOMPSON**

**04/25/2001**

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 D	<input type="checkbox"/> Delete
NAME THOMPSON RHODALINE N	
STREET ADDRESS 726 PINE CLUB LANE	
CITY-ST-ZIP WELLINGTON FL 33414	
TITLE D	<input type="checkbox"/> Delete
NAME MORRIS DONNA	
STREET ADDRESS 2292 SE 4TH ST	
CITY-ST-ZIP BOYNTON BEACH FL 33435	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON RHODALINE N	
STREET ADDRESS 726 PINE CLUB LANE	
CITY-ST-ZIP WELLINGTON FL 33414	
TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS DONNA	
STREET ADDRESS 2292 SE 4TH ST	
CITY-ST-ZIP BOYNTON BEACH FL 33435	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Rhodaine N. France Thompson**

**PCEO 04/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)