

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 582013

Entity Name  
INTERIOR CREATIONS, INC.

FILED  
May 10, 2000 8:00 am  
Secretary of State  
05-10-2000 90093 020 \*\*\*158.75

Principal Place of Business      Mailing Address  
N. ATLANTIC AVENUE      8680 N. ATLANTIC AVENUE  
CAPE CANAVERAL FL 32920      CAPE CANAVERAL FL 32920-3428

843065



DO NOT WRITE IN THIS SPACE

Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      59-1801881      Applied For  
Not Applicable  
5. Certificate of Status Desired      ☒      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
STOTTLER JR, RICHARD H.  
8680 N. ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

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

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DP STOTTLER JR, RICHARD H. 8680 N. ATLANTIC AVENUE CAPE CANAVERAL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DVP DEEVERS, J C 8680 N ATLANTIC AVE CAPE CANAVERAL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard H. Stottler, Jr.*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      4/17/00      Daytime Phone #      321-783-1320

CR2E034 (9/99)