

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000002211

1. Entity Name
INTERIOR SYSTEMS, INC.



FILED
04 OCT 29 PM 2: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
525 W. ROLLING MEADOWS DR.
FOND DU LAC, WI 54936

Mailing Address
525 W. ROLLING MEADOWS DR.
FOND DU LAC, WI 54936

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 3134
Suite, Apt. #, etc.

City & State
Milwaukee WI

Zip Country
53201-3134 USA

10252004 REIN-P CR2E098 (6/04)

4. FEI Number
39-1339985

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

6. Name and Address of Current Registered Agent
BARRY M. SCHUSTER,
UNIVERSAL SEATING CO.
10421 ST. AUGUSTINE RE.
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOVINET, LINDSEY 525 W. ROLLING MEADOWS DR. FOND DU LAC, WI 54936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROBE, DARIN 525 W. ROLLING MEADOWS DR. FOND DU LAC, WI 54936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
100042314101 10/29/04--01052--019 **158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 or without like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2004 414-847-0578
Date Daytime Phone if