

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002211

1. Entity Name
INTERIOR SYSTEMS, INC.



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

Mailing Address
P.O. BOX 3134
MILWAUKEE, WI 53201-3134



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number
39-1339985

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

SCHUSTER, BARRY M
UNIVERSAL SEATING CO.
10421 ST. AUGUSTINE RE.
JACKSONVILLE, FL 32257

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P GROBE, DARIN
525 W. ROLLING MEADOWS DR.
FOND DU LAC, WI 54936

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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08/02/05-80005-009 150.00

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/2005

414-897-0659

Date

Daytime Phone #