

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90091 006 ***150.00

DOCUMENT # J58013

1. Entity Name
INTERIORWORKS, INC.

Principal Place of Business
**1317 PRUM AVENUE NW
 PALM BAY FL 32907**

Mailing Address
**1317 PRUM AVENUE NW
 PALM BAY FL 32907**

642995



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1805 28TH AVENUE
 Suite, Apt. #, etc.

3. Mailing Address

1805 28TH AVE
 Suite, Apt. #, etc.

City & State
VERO BEACH, FL

Zip
32960

Country
USA

City & State
VERO BEACH, FL

Zip
32960

Country
USA

4. FEI Number **59-2795347**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEFRANCES, ALAN Q.
 1317 PRUM AVENUE NW
 PALM BAY FL 32907**

Name
 Street Address (P.O. Box Number is Not Acceptable)

1805 28TH AVE
 City **VERO BEACH** **FL** Zip Code **32960**

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **DEFRANCES, ALAN Q.**
 STREET ADDRESS **1317 PRUM AVE NW**
 CITY-ST-ZIP **PALM BAY FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1805 28TH AVENUE**
 CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **D** ☒ Delete
 NAME **DEFRANCES, LISA A.**
 STREET ADDRESS **1317 PRUM AVE NW**
 CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: Alan Q. DeFrances
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-01 561-978-6689
 Date Daytime Phone #

CR2E034 (10/00)