

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90147 003 ***150.00

DOCUMENT # L78565

1. Entity Name
PHILIP C. FRESEMAN INTERIORS, INC.



Principal Place of Business
~~700 LAKESIDE CIRCLE~~
NORTH PALM BEACH FL 33408

Mailing Address
~~700 LAKESIDE CIRCLE~~
NORTH PALM BEACH FL 33408



2. Principal Place of Business

P.O. Box 14494
Suite, Apt. #, etc.
NORTH PALM BEACH

3. Mailing Address

P.O. Box 14494
Suite, Apt. #, etc.
NORTH PALM BEACH

City & State
FL 33408

City & State
FL 33408

4. FEI Number **65-0193830**

Applied For
Not Applicable

Zip **Country**

Zip **Country**

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

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

BENNETT, JAMES T.
860 US HIGHWAY ONE
SUITE 210
NORTH PALM BEACH FL 33408

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 *Philip C. Freseman*

1-25-03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **FRESEMAN, PHILIP C.**
STREET ADDRESS **700 LAKESIDE CIRCLE**
CITY-ST-ZIP **N. PALM BEACH FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **FRESEMAN, PHILIP C.** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS **P.O. Box 14494**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408** ☐ **Change** ☐ **Addition**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 line empowered.

SIGNATURE:

Philip C. Freseman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-03 561-845-0120

Date

Daytime Phone #

CR2E034 (10/02)