

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000086189**1. Entity Name
INTERIOR WORKROOM SOLUTIONS, INC.Principal Place of Business
507 N DIXIE HWY, UNIT ONE
LAKE WORTH FL 33460
Mailing Address
507 N DIXIE HWY, UNIT ONE
LAKE WORTH FL 334602. Principal Place of Business
507 N DIXIE HWY3. Mailing Address
507 N DIXIE HWYSuite, Apt. #, etc.
UNIT ONESuite, Apt. #, etc.
UNIT ONECity & State
LAKE WORTH FLCity & State
LAKE WORTH FLZip
33460

Country

Zip
33460

Country

4. FEI Number
65-1039628Applied For
Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentTHOMPSON RHODALINE N
507 N DIXIE HWY, UNIT ONE

LAKE WORTH FL 33460 US

7. Name and Address of New Registered AgentName
THOMPSON RHODALINE NStreet Address (P.O. Box Number is Not Acceptable)
507 N DIXIE HWY

UNIT ONE

City
LAKE WORTH FL Zip Code
33460

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 **RHODALINE N. FRANCE THOMPSON****04/25/2001**

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

(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**TITLE D ☐ Delete
NAME THOMPSON RHODALINE N
STREET ADDRESS 726 PINE CLUB LANE
CITY-ST-ZIP WELLINGTON FL 33414TITLE D ☐ Delete
NAME MORRIS DONNA
STREET ADDRESS 2292 SE 4TH ST
CITY-ST-ZIP BOYNTON BEACH FL 33435TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PCEO ☒ Change ☐ Addition
NAME THOMPSON RHODALINE N
STREET ADDRESS 726 PINE CLUB LANE
CITY-ST-ZIP WELLINGTON FL 33414TITLE V ☒ Change ☐ Addition
NAME MORRIS DONNA
STREET ADDRESS 2292 SE 4TH ST
CITY-ST-ZIP BOYNTON BEACH FL 33435TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Rhodaine N. France Thompson

PCEO 04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)