

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000112611**

1. Entity Name

INTERIOR CASEWORK, INC.**LA**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 11:43

Principal Place of Business

**5475 MAULE WAY #30
MANGONIA PK FL**

Mailing Address

**5475 MAULE WAY #30
MANGONIA PK FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1066531

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



8. Name and Address of Current Registered Agent

**COLEMAN, PATRICIA
5475 MAULE WAY #30
MANGONIA PK FL**

7. Name and Address of New Registered Agent

Name

Hanslip, Marcus G.

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

5475 Maule Way #30

City

Mangonia Park**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.

SIGNATURE

Marcus G. Hanslip **Marcus G. Hanslip** **10-6-01**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **DPST** ☒ Delete
NAME **COLEMAN, PATRICIA**
STREET ADDRESS **1281 W 32 ST**
CITY-ST-ZIP **RIVIERA BCH FL 33404**TITLE ☐ 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-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Coleman, Patricia**
STREET ADDRESS **1281 W 32 St**
CITY-ST-ZIP **Riviera Beach Fl 33404**TITLE **VP/S/T** ☐ Change ☒ Addition
NAME **Hanslip, Marcus G.**
STREET ADDRESS **375 W 15 St**
CITY-ST-ZIP **Riviera Beach, Fl 33404**TITLE ☐ 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:

Patricia W. Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Patricia W. Coleman / 9-07-2001**

Date

Daytime Phone #

*Marcus G. Hanslip***Marcus G. Hanslip 9-24-2001 561-848-3001**

CR2E034 (5/01)