

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112611

1. Entity Name
INTERIOR CASEWORK, INC.

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

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90163 025 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1066531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HANSLIP, MARCUS
5475 MAULE WAY #30
MANGONIA PK FL

7. Name and Address of New Registered Agent

Name Owen Hanslip
Street Address (P.O. Box Number is Not Acceptable)
5475 Maule Way #30
City Mangonia PK FL Zip Code 33404-2246

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 Owen Hanslip

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-1-02

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 13, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, PATRICIA	
STREET ADDRESS	1281 W 32 ST	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	HANSLIP, MARCUS G	
STREET ADDRESS	375 W 15 ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Owen Hanslip	
STREET ADDRESS	375 W 15 Street	
CITY-ST-ZIP	Riviera Beach FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Owen Hanslip

8-1-02

842-0771

CR2E034 (4/02)