

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90136 003 ***150.00

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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

11029798



2. Principal Place of Business
1748 AUSTRALIAN AVE
Suite, Apt. #, etc. #2

3. Mailing Address
1748 AUSTRALIAN AVE
Suite, Apt. #, etc. #2

☐ CHECK HERE IF MAKING CHANGES

City & State
RIVIERA BEACH FLD

City & State
RIVIERA BEACH FLD.

4. FEI Number 65-1066531

Applied For
Not Applicable

Zip 33404 Country PALM BEACH

Zip 33404 Country PALM BEACH

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

HANSLIP, OWEN
5475 MAULE WAY
30
MANGONIA PARK FL 33407-2246

Name Owen Hanslip
Street Address (P.O. Box Number is Not Acceptable)
1748 AUSTRALIAN AVE.
City RIVIERA BEACH FL Zip Code 33404

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 Owen Hanslip

4/14/03

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSLIP, OWEN 375 W 15 STREET RIVIERA BCH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HANSLIP, MARCUS G 375 W 15 ST RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE:

Owen Hanslip Owen Hanslip 4/14/03 561 842 3177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)