

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90202 042 \*\*\*150.00

0419698 AV

**DOCUMENT # P01000003662**

1. Entity Name  
**INTERIOR SERVICES PLUS, INC.**



Principal Place of Business

~~1011 6TH AVE. S.~~  
~~LAKE WORTH FL 33460~~  
US

Mailing Address

~~1011 6TH AVE. S.~~  
~~LAKE WORTH FL 33460~~  
US

2. Principal Place of Business

512 North G Street  
Suite, Apt. #, etc.

3. Mailing Address

512 North G Street  
Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip

33460

Country

Zip

33460

Country

PALM BEACH

6. Name and Address of Current Registered Agent

**UPDIKE, DOUGLAS**  
**6653 RIPARIAN ROAD**  
**LAKE WORTH FL 33462**

4. FEI Number

**65-1071552**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
-Fee Required-

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-03

**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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **UPDIKE, DOUGLAS**  
CITY-ST-ZIP **6653 RIPARIAN ROAD**  
**LAKE WORTH FL 33462**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **BONOMOLO, MICHAEL**  
CITY-ST-ZIP **67 W. COCONUT DR.**  
**LAKE WORTH FL 33467**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BEYER, DAVID**  
CITY-ST-ZIP **8007 AMBACH WAY**  
**LAKE WORTH FL 33462**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **JENNIFER L. UPDIKE**  
CITY-ST-ZIP **6653 RIPARIAN ROAD**  
**LAKE WORTH, FL 33462**

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

TITLE ☐ Change ☐ Addition  
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 like empowered.

SIGNATURE:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03

Date

561-493-9370

Daytime Phone #

CR2E034 (10/02)