CR2E034 (9/01)

2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # P93000043074 1. Entity Name INTERIOR SERVICES BY FRED, INC. 04-09-2002 91189 028 ***158.75 Principal Place of Business Mailing Address 2234 NW 81ST TERRACE 2234 NW 81ST TERRACE SUNRISE FL 33322-3010 SUNRISE FL 33322-3010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-0415356 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FITZGERALD, FREDERICK Street Address (P.O. Box Number is Not Acceptable) 2234 NW 81 TEPPACE 6103 S.W. 41ST COURT DAVIE FL 33314 Zip Code Sunrise 8. The above named entity submits this statement for the purpose of changing its registered both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9...This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F ☐ Addition Change NAME FITZGERALD, FREDERICK NAME STREET ADDRESS 2234 NW 81ST TERRACE STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33322-3010 CITY-ST-ZIP TITLE ☐ Delete vice President ·TITLE ☐ Change Addition NAME cheryl fitzge rald NAME 2234 81 Terrace STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Sunrise, FL 33322 JITLE - -∸- Delete 🖛 Secretary TITLE - = ☐ Change Addition Kellie Pacheco NAME NAME STREET ADDRESS STREET ADDRESS 2234 BI Terrace Sunrise FL 33322 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Treasure **X** Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS **4380** CITY-ST-ZIP CITY-ST-ZIP 3306B TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with his 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 agrurate 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 employered to effective this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: