

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043074

1. Entity Name
INTERIOR SERVICES BY FRED, INC.



FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90994 048 ***150.00

0355685 AV

Principal Place of Business
2234 NW 81ST TERRACE
SUNRISE FL 33322-3010

Mailing Address
2234 NW 81ST TERRACE
SUNRISE FL 33322-3010

2. Principal Place of Business
1115 Central Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 782
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Coleman, FL
Zip
33521
Country
USA

City & State
Coleman, FL
Zip
33521-0782
Country
USA

4. FEI Number 65-0415356
Applied For
Not Applicable

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

FITZGERALD, FREDERICK
2234 NW 81 TERRACE
SUNRISE FL 33322

Name
Fitzgerald, Frederick
Street Address (P.O. Box Number is Not Acceptable)
1115 Central Ave
City Coleman FL Zip Code 33521

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 X *[Signature]*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FITZGERALD, FREDERICK 2234 NW 81ST TERRACE SUNRISE FL 33322-3010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FITZGERALD, CHERYL 2234 81 TERRACE SUNRISE FL 33322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PACHEO, KELLIE 2234 81 TERRACE SUNRISE FL 33322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FITZGERALD, TAMI 2380 AVON LANE #3-210 NORTH LAUDERDALE FL 33068 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fitzgerald, Frederick P.O. Box 782 Coleman, FL 33521-0782 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fitzgerald, Cheryl P.O. Box 782 Coleman, FL 33521-0782 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pacheco, Kellie 201 Hunt Street #1511 Clermont, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fitzgerald, Tami 7980 Hampton Blvd #319 NORTH LAUDERDALE, FL 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)