

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000084104

1. Entity Name

Interior Services, Inc.

2002

**FILED
Feb 05, 2002 8:00 am
Secretary of State**

02-05-2002 90137 002 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

120 NE 175 Street

Suite, Apt. #, etc.

3. Mailing Address

120 NE 175 Street

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip 33162

Country USA

Zip 33162

Country USA

4. FEI Number

65-0511218

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Ray, Tony S.

Street Address (P.O. Box Number is Not Acceptable)

120 NE 175 Street

City North Miami Beach FL Zip Code 33162

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P Ray, Tony S. 120 NE 175 Street North Miami Beach, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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			DO NOT WRITE IN THIS SPACE

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 on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TONY S. ROY

Date

Daytime Phone #

305-

651-5270

CR2E034B (12/01)