

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

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90427 042 \*\*\*150.00

DOCUMENT # P950000 28989

1. Entity Name

INTERIOR PLANNING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1951 MORRILL ST.

Suite, Apt. #, etc.

3. Mailing Address

1951 MORRILL ST.

Suite, Apt. #, etc.

City & State

SARASOTA FL.

Zip

34236

Country

City & State

SARASOTA FL.

Zip

34236

Country

4. FEI Number

65-0580441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

HIXON, MARY JO

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

1951 MORRILL ST.

City

SARASOTA

FL

Zip Code

34236

**DO NOT WRITE  
IN THIS SPACE**

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 D, P  
NAME HIXON, MARY JO  
STREET ADDRESS 1951 MORRILL ST, SARASOTA, FL. 34236  
CITY- ST- ZIP

TITLE  
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.9.02 941-  
954.0066

CR2E034B (12/01)