

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90163 018 \*\*\*150.00

DOCUMENT # P96000079741

1. Entity Name

INTERIOR SPACE AFFILIATES, INC.

Principal Place of Business

Mailing Address

630 BOCA MARINA CT  
BOCA RATON FL 33487  
US

630 BOCA MARINA CT  
BOCA RATON FL 33487  
US

2. Principal Place of Business

3. Mailing Address

630 BOCA MARINA CT.  
Suite, Apt. #, etc.

630 BOCA MARINA CT.  
Suite, Apt. #, etc.

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

Zip Country  
33487 USA

Zip Country  
33487

4. FEI Number 65-0696735

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

KOWALSKY, BONNIE N  
630 BOCA MARINO COURT  
BOCA RATON FL 33487

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.

SIGNATURE Bonnie N. Kowalsky BONNIE N. KOWALSKY  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

4/28/01  
DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME KOWALSKY, BONNIE N  
STREET ADDRESS 630 BOCA MARINA COURT  
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie N. Kowalsky BONNIE N. KOWALSKY 4/28/01 561-998-2698  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0030625

CR2E034 (10/00)