2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

nent with an address, with all other like empowered.

Jan 30, 2002 8:00 am Secretary of State DOCUMENT # P97000028516 1. Entity Name 01-30-2002 90006 002 ***150.00 INTERIOR SPACE DESIGN, INC. Mailing Address Principal Place of Business PO DRAWER 2399 1312 PALMETTO AVENUE WINTER PARK FL 32790 WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3436856 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOOTH, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 1312 PALMETTO AVENUE 🗗 WINTER PARK FL 32789 Zip Code City FL dentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nam chacd SIGNATURE and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE TITLE ☐ Delete NAME NAME BOOTH, RICHARD ; 1312 Palmetto Ave STREET ADDRESS STREET ADDRESS 1211 PALMETTO AVENUE CITY-ST-ZIP winter Park 72 32789 CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED