

# 2000 UNIFORM BUSINESS REGISTER REPORT (UBR)

DOCUMENT # **P98000020115**  
 1. Entity Name  
**TIMOTHY J MALONEY**  
**INTERIOR DESIGNER INC.**

Principal Place of Business Mailing Address  
**6573 MARBLETREE LANE** **6573 MARBLETREE LN.**  
**LAKE WORTH FL. 33467** **LAKE WORTH, FL 33467**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0818142** Applied For Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MARK PERLMAN**  
**1820 E. HALLANDALE BEACH BLVD.**  
**HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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  

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>TIMOTHY J. MALONEY</b> <b>6573 MARBLETREE LANE</b> <b>LAKE WORTH, FL. 33467</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>DEBORA P. MALONEY</b> <b>6573 MARBLETREE LANE</b> <b>LAKE WORTH FL. 33467</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>300003523693</b> <b>-01/04/01--01033--023</b> <b>****158.75 ****158.75</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>LS</b>	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Timothy J. Maloney** **12/7/2000 (561) 649 6357**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

00 DEC 22 PM 2:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

**T. J. Maloney Interior Designer Inc.**



6573 MARBLETREE LANE ♦ LAKE WORTH, FL 33467

Phone (561) 649-8357

FAX (561) 649-8537

LICENSED PROFESSIONAL INTERIOR DESIGNER  
FLORIDA LICENSE 003858

October 24, 2000

Division Of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To who it may concern

I am sending this letter in reference to the revocation of my cooperation,  
**Timothy J. Maloney Interior Designer Inc.**

I have moved my office and changed my mailing address THREE times over the  
past ten months. I did not receive a annual report form from you.

I called and requested one be sent to my registered agent at his mailing address  
in June but it did not come to that address either.

It would be deeply appreciated if you would consider this one time waiving  
the penalty fees and let me pay the One hundred fifty dollars. If this is acceptable  
please forward the documentation and requirements to the address on the letter head.

Sincerely

*Timothy J. Maloney*  
*Pres.*