## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000028297

1. Entity Name

INTERIOR PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

1713 WINTERGREEN BLVD.. COURT C WINTER PARK FL 32792 1713 WINTERGREEN BLVD., COURT C WINTER PARK FL 32792-2279

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3500062 Not Applicable Zip Zip 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 CAMP, BRADY Street Address (P.O. Box Number is Not Acceptable) 1713 WINTERGREEN BLVD., COURT\_C WINTER PARK FL 32792 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent 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, 2000 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 ☐ Delete TITLE CAMP, BRADY NAME 741 CROSS BOW LANE STRFET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD FL 32773 CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE MAGILL, FIDELMA NAME NAME 1713 WINTERGREEN BLVD., COURT C STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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 acciver 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.

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

2/10/0

407-342-3707

Daytime Phone #

Change

☐ Change

☐ Change

Addition

Addition

☐ Addition

FILED Mar 03, 2000 8:00 am

**Secretary of State** 

03-03-2000 90254 001 \*\*\*150.00

O I I I I I I I

CR2E034 (9/99)