

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90039 039 ***150.00

DOCUMENT # P98000044671

1. Entity Name

HOME WORKS INTERIORS, INC.

Principal Place of Business

**11112-15A SAN JOSE BLVD.
 JACKSONVILLE FL 32223**

Mailing Address

**11112-15A SAN JOSE BLVD.
 JACKSONVILLE FL 32223**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10501 SAN JOSE BLVD

Suite, Apt. #, etc.

Suite 6

City & State

Jacksonville FL

Zip

32257

Country

Duval

3. Mailing Address

10501 SAN JOSE BLVD

Suite, Apt. #, etc.

Suite 6

City & State

Jacksonville FL

Zip

32257

Country

Duval

4. FEI Number

59-3525777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ABEL, WILLIAM B

10110 SAN JOSE BOULEVARD

JACKSONVILLE FL 32257

Name

William B. Abel

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

10501 SAN JOSE BLVD

Suite 6

City

JACKSONVILLE

FL

Zip Code

32257

7. Name and Address of New Registered Agent

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 **William Brock Abel - PRES.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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, 2002 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	0 <input type="checkbox"/> Delete
NAME	ABEL, WILLIAM B
STREET ADDRESS	11112-15A SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **William Brock Abel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 964-465-3863

Date

Daytime Phone #

CR2E034 (9/01)