

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90036 036 ***158.75

DOCUMENT # P99000108369

1. Entity Name

INTERIORSCAPES, INC.

Principal Place of Business

Mailing Address

**3956 TOWN CENTER BLVD.
 UNIT #118
 ORLANDO FL 32837**

**3956 TOWN CENTER BLVD.
 UNIT #118
 ORLANDO FL 32837**

2. Principal Place of Business

3200 AMACA CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

4. FEI Number

59-361 3975

Applied For

Not Applicable

Zip

32837

Country

USA

Zip

Country

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

**HAYES, ROBERT S
 441 W. VINE STREET
 KISSIMMEE FL 34741**

Name

KEVIN WARDLE

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

3200 AMACA CIRCLE

City

ORLANDO

FL

Zip Code

32837

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

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

(NOTE: Registered Agent signature required when reinstating)

2-10-2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WARDLE, KEVIN	
STREET ADDRESS	3956 TOWN CENTER BLVD. #118	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	WARDLE, KEVIN	
STREET ADDRESS	3956 TOWN CENTER BLVD. #118	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN WARDLE, PRESIDENT

2-10-2000

Date

(407) 826-9343

Daytime Phone #

CR2E034 (9/99)