

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90267 019 ***150.00

UNIT 3011 AT

DOCUMENT # S01921

1. Entity Name

INTERIOR CONNECTIONS OF ORLANDO, INC.

Principal Place of Business

**1704 SENECA BLVD
 WINTER SPRINGS FL 32708
 US**

Mailing Address

**P O BOX 150820
 ALTAMONTE SPRINGS FL 32715
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3022675

Applied For

Not Applicable

Zip

Country

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

**ALLEN, WILLIAM A.
 1704 SENECA BLVD
 WINTER SPRINGS FL 32708**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **ALLEN, NANCY L**
 STREET ADDRESS **1704 SENECA BLVD**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** ☐ Delete
 NAME **ALLEN, WILLIAM A**
 STREET ADDRESS **1704 SENECA BLVD**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 A. Allen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/01
 Date

407-365-9962
 Daytime Phone #

CR2E034 (5/01)

ATTACHMENT
80064182

8/24/01

To Whom it May Concern,

501921

Enclosed please find 2001 Uniform
Business Report, Document 501921 along with
check # 3681 for \$150⁰⁰

I received this form a while ago & due
to the amount ~~due~~ had to do some research. In
the past years we've paid \$150⁰⁰. Finally today
I called to find out why the fee was so high
and was told it was a late charge.

This is the only bill I have so I was
told to send this form with the check in the
amount of \$150⁰⁰. We've been in business for
a few years now and this has not happened before.
Your help in this matter is greatly appreciated.

Sincerely
Randy L. Allen