

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90036 008 ***150.00

DOCUMENT # P17817

1. Entity Name

INTER-SPACE SERVICES, INC.

Principal Place of Business

Mailing Address

**4635 CRACKERSPORT RD
 ALLENTOWN PA 18104-9597**

**4635 CRACKERSPORT RD
 ALLENTOWN PA 18104-9553**

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

23-1940160

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILT, BARBARA
 1671 40 ST.
 WEST PALM BEACH FL 33407**

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 \$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	PCED	<input type="checkbox"/> Delete
NAME	LIEBERMAN, MARIANNE	
STREET ADDRESS	4635 CRACKERSPORT RD	
CITY-ST-ZIP	ALLENTOWN PA 18104-9597	
TITLE	C	<input type="checkbox"/> Delete
NAME	STRACIA, DEBORAH	
STREET ADDRESS	4635 CRACKERSPORT RD	
CITY-ST-ZIP	ALLENTOWN PA 18104-9597	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LIEBERMAN, MARK T.	
STREET ADDRESS	4635 CRACKERSPORT RD	
CITY-ST-ZIP	ALLENTOWN PA 18104-9597	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCGUIRE, MOLLY	
STREET ADDRESS	4635 CRACKERSPORT RD	
CITY-ST-ZIP	ALLENTOWN PA 18104-9597	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRICK, RICHARD	
STREET ADDRESS	4635 CRACKERSPORT RD	
CITY-ST-ZIP	ALLENTOWN PA 18104-9597	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDERS, CHERYL	
STREET ADDRESS	4635 CRACKERSPORT RD	
CITY-ST-ZIP	ALLENTOWN PA 18104-9597	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard J. Frick

1/25/00

610-395-8002

CR2E034 (9/99)