

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90177 015 ***150.00

0901298 AT

DOCUMENT # P17817
 1. Entity Name
INTER-SPACE SERVICES, INC.

Principal Place of Business Mailing Address
4635 CRACKERSPORT RD **4635 CRACKERSPORT RD**
ALLENTOWN PA 18104-9597 **ALLENTOWN PA 18104-9597**



DO NOT WRITE IN THIS SPACE

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 Applied For
23-1940160 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WILT, BARBARA
1671 40 ST.
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent
 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 _____ (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, 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	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	

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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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: Richard J. Frick 1/16/02 610/395-8002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)