## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P9600030677

THE INTERLOG, INC.

Principal Place of Business 11629 ALTA CIRCLE NORTH JACKSONVILLE FL 32226

Mailing Address

11629 ALTA CIRCLE NORTH JACKSONVILLE FL 32226

2. Principal Place of Business		3. Mailing Addre	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, e	etc.					
City & State		City & State						
Zip	Country	Zip	Country					

Apr 27, 2001 8:00 am Secretary of State 04-27-2001 90401 019 \*\*\*150.00



TITLE PD Delete ISELIN, PHILIPSE D STREET ADDRESS CITY-ST-ZIP I 12544 DARYL HILL ROAD JACKSONVILLE FL 32218 CITY-ST-ZIP DARRAMORE, PHILLIP NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32226 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32226 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32226 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS								TENIE ENIN ETÄN ESIN ET		IST <b>ásils s</b> inh s <b>s</b> t	IN 1881 1881
City & State    City & State   City & State   City & State   A. FEI Number 59-3383321   Applied for Not Applicable   Not Application   Not Application   Not Application   Not Application   Sea. Name and Address of Current Registered Apent   Not Application   States Desired   Sea. 75. Additional   Required   Not Application   States Desired   Not Application   Not Applic	2. Principal Place of Business		3. Mailing Address								
Country   Zip   Country   S. Certificate of Status Desired   S. 7.5 Additional Fee Required   S.	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS	SPACE		
SASSER, KAY 11629 ALTA CIRCLE NORTH JACKSONVILLE FL 32226  City  FL  Zo Code  City  FL  Z	City & State		City & State		4. F	El Number	59-3383321				
SASSER, KAY  11829 ALTA CIRCLE NORTH JACKSONVILE FL 32226  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  1. The above named entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Storida.  SIGNATURE  Signama, however amend entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Storida.  SIGNATURE  Signama, however amend entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Storida.  SIGNATURE  S	Zip	Country	Zip	Countr	у	<b>5</b> . C	Certificate of S	Status Desired			
SASSER, KAY 11629 ALTA CIRCLE NORTH JACKSONVILLE FL 32226  S. 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    Signama, Yield or printed famine of registered agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE Registered Agent spread agent and till of applicable.   ONTE ST. 2P	6. Name and Address of Current Registered Agent					7. N	ame and Ad	ldress of New Reg	istered /	Agent	
Sirect Address (P.O. Box Number is Not Addrespitable)    City   FL   Zip Code	11629 ALTA CIRCLE NORTH				<u> </u>						
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 Storida.    Signature				<u> </u>  -							
SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  NAME  ISELIN, PHILIPS D  ISELIN, PHILIPS D  ISELIN, PHILIPS D  ISELIN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  D  PARRAMORE, PHILIP  10164-1 CARRAGE CIRCLE SOUTH  JACKSONVILLE FL 32225  ITILE  STREET ADDRESS  CITY-S1-ZIP  10164-1 CARRAGE CIRCLE SOUTH  JACKSONVILLE FL 32226  ITILE  SASSER, KAY F  11629 ALTA CIRCLE NORTH  JACKSONVILLE FL 32226  ITILE  D  VD  SELIN, KENNETH A  11629 ALTA CIRCLE NORTH  JACKSONVILLE FL 32226  ITILE  D  Addition  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  D  ADDRESS  CITY-S1-ZIP  TITLE  D  Change  Addition  Addition  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  D  ADDRESS  CITY-S1-ZIP  TITLE  D  Change  Addition  Addit					City			<del></del>	FL	Zip Code	<del>)</del>
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STREET ADDRESS 6301 #37 ROOSEVELT BLVD STREET ADDRESS	NAME	=	D01010								
	STREET ADDRESS			STREET	ADDRESS						
				CITY-S	T-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:

SR2E034 (10/00)