

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90004 045 ***150.00

DOCUMENT # F25839

1. Entity Name
INTERPOSE INTERNATIONAL CORPORATION

Principal Place of Business
2170 W. SR 434, SUITE #226
LONGWOOD FL 32779

Mailing Address
2170 W. SR 434, SUITE #226
LONGWOOD FL 32779

973855



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2072222**

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

HOFFMAN, JOHN L.
2170 W. SR 434, SUITE #226
LONGWOOD FL 32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

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 13, 2002 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	PT	<input type="checkbox"/> Delete
NAME	HOFFMAN, JOHN L.	
STREET ADDRESS	2170 W. SR 434, #226	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HOFFMAN, DEBRA A.	
STREET ADDRESS	2170 W. SR 434, #226	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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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
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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: **SIGNATURE REQUIRED** **8/9/02** **407 862-7400 x14**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
973855
#F25839

INTERPOSE
INTERNATIONAL CORPORATION

Orlando Corporate Offices
2170 WEST STATE ROAD 434, SUITE 226
LONGWOOD, FLORIDA 32779 USA
TELEPHONE 407. 862.7400
FACSIMILE 407. 862.9011

August 9, 2002

State of Florida
Division of Corporations
Uniform Business Reports
P.O. Box 1500
Tallahassee, FL 32302-1500

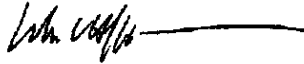
Dear Madame/Sir:

Enclosed is our annual UBR for 2002, along with the registration fee of \$150.00.

Please note that this was the first mailing which we have received from your department this year. Accordingly, I would respectfully request that you waive the penalty if there is any question, please do not hesitate to let me know.

Sincerely,

INTERPOSE INTERNATIONAL CORPORATION


John L. Hoffman
President

JLH/sme