

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95456

1. Entity Name

INTERFACE AND CONTROL SYSTEMS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90067 027 ***150.00

Principal Place of Business

Mailing Address

8945 GULFORD RD.
STE. 120
COLUMBIA MD 21046
US

8945 GULFORD RD
STE. 120
COLUMBIA MD 21046-2392
US

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 **59-2906895**

Applied For
Not Applicable

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

~~GAASBECK, JAMES VAN~~
~~430 RIVERVIEW LANE~~
~~MELBOURNE BCH FL 32951~~

Name **Van Gaasbeck, James**

Street Address (P.O. Box Number is Not Acceptable)

452 Sandy Key

City **Melbourne Beach, FL** Zip Code **32951**

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

3/1/2000

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 **D** ☐ Delete
NAME ~~GAASBECK, JAMES VAN~~
STREET ADDRESS ~~430 RIVERVIEW LANE~~
CITY-ST-ZIP ~~MELBOURNE FL~~

TITLE ☒ Change ☐ Addition
NAME **VANGAASBECK, James**
STREET ADDRESS **452 Sandy Key**
CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE **D** ☐ Delete
NAME **BUCKLEY, BRIAN A.**
STREET ADDRESS **2110 S. RIVER RD.**
CITY-ST-ZIP **MELBOURNE BCH FL**

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

TITLE **D** ☐ Delete
NAME **CAPPELAERE, PATRICE**
STREET ADDRESS **8303 WINTER WIND CT**
CITY-ST-ZIP **ELLCOTT CITY, MD**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/2000

321-723-0399