

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000000061**

1. Entity Name

INTERSTATE CONSULTANTS, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90405 002 ***150.00

Principal Place of Business

**1170 RIVIERA DR NE
PALM BAY FL 32905**

Mailing Address

**1170 RIVIERA DR NE
PALM BAY FL 32905**

2. Principal Place of Business

PALM BAY FL

Suite, Apt. #, etc.

3. Mailing Address

1170 RIVIERA DR NE

Suite, Apt. #, etc.

City & State

1170 RIVIERA DR NE

City & State

PALM BAY FL

Zip

32905

Country

Zip

32905

Country

4. FEI Number

810 S9-3617751

Applied For

☒ Not Applicable5. 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

**ROBLES, LUISA
1170 RIVIERA DR NE
PALM BAY FL 32905**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ROBLES, CENOBIO	1170 RIVIERA DR NE	PALM BAY FL 32905						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ROBLES, LUISA	1170 RIVIERA DR NE	PALM BAY FL 32905						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/30/01 321 951-8032

Date

Daytime Phone #

CR2E034 (10/00)