

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025428

1. Entity Name

INTERSTATE COMPUTERS INC.

Principal Place of Business

1509 ROYAL PALM DRIVE
EDGEWATER FL 32132

Mailing Address

1509 ROYAL PALM DRIVE
EDGEWATER FL 32132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DROOG, CONRAD
1509 ROYAL PALM DRIVE
EDGEWATER FL 32132

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
LEEK, NEIL
1509 ROYAL PALM DRIVE
EDGEWATER FL 32132

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
DROOG, CONRAD
1509 ROYAL PALM DRIVE
EDGEWATER FL 32132

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CR2E034 (9/01)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90309 019 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-370 4613

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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 #

4/9/02 386 775 0822