


2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91364 045 ***150.00

DOCUMENT # P01000025428	
1. Entity Name INTERSTATE COMPUTERS INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1209 SAXON BLVD	3. Mailing Address 1209 SAXON BLVD
Suite, Apt. #, etc. STE 2	Suite, Apt. #, etc. STE 2
City & State ORANGE CITY FL	City & State ORANGE CITY FL
Zip 32763	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3704613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name DROOG, CONRAD	
	Street Address (Box Number is Not Acceptable) 1209 SAXON BLVD STE 2	
	City ORANGE CITY	FL Zip Code 32763

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LEEK, NEIL 1209 SAXON BLVD STE 2 ORANGE CITY FL 32763	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DROOG, CONRAD 1209 SAXON BLVD STE 2 ORANGE CITY FL 32763	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Conrad G. Droog* **4-24-03 386 7750929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED034B (12/02)