

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90014 032 ***150.00

DOCUMENT # P93000026970

1. Entity Name
INTERSPACE CONSTRUCTION, INC.

Principal Place of Business 525 PARK AVE N #221 WINTER PARK FL 32789 US	Mailing Address 525 PARK AVE N #221 WINTER PARK FL 32789-4343 US
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2. Principal Place of Business 233 West Park Ave. Suite, Apt. #, etc.	3. Mailing Address 233 West Park Ave. Suite, Apt. #, etc.
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City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789 Country USA	Zip 32789 Country USA

4. FEI Number **59-3177305** 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

NICHOLS KENNEDY, JENNIFER
515 PARK AVENUE NORTH
SUITE 215
WINTER PARK FL 32189

Name **Jennifer Nichols Kennedy**
 Street Address (P.O. Box Number is Not Acceptable)
233 West Park Avenue
 City **Winter Park, FL** Zip Code **32789**

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 **JENNIFER NICHOLS KENNEDY** DATE **4.5.00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLS KENNEDY, JENNIFER 1301 GREEN COVE WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **JENNIFER NICHOLS KENNEDY** **\$5.00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #