

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000065657

1. Entity Name
INTERDATE SYSTEMS AND TECHNOLOGY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90094 004 ***150.00

Principal Place of Business 905 E M.L. KING JR DR #480 TARPON SPRINGS FL 34689 US	Mailing Address 905 E M.L. KING JR DR #480 TARPON SPRINGS FL 34689 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. SUITE 400	3. Mailing Address 905 E. M. LUTHER KING JR. DR.
City & State TARPON SPRINGS	Suite, Apt. #, etc. SUITE: 400

4. FEI Number 59-3198449	Applied For <input type="checkbox"/> Not Applicable
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Zip 34689	Country USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SWAN, ROBERT H
 905 E MARTIN LUTHER KING JR DR
 STE 480
 TARPON SPRINGS FL 34689**

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 _____ DATE _____
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	PD SWAN, ROBERT H. 905 E MARTIN LUTHER KING JR STE 480 TARPON SPRINGS FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Robert H. Swan* **President** 4/15/00 727-942-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)