

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90882 033 \*\*\*158.75

**DOCUMENT #** P93000065657

1. Entity Name

Interdate Systems & Technology, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

905 E. Martin Luther King Jr. Dr. Same

Suite, Apt. #, etc.

370

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

4. FEI Number

59-3198449

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Swan, Robert H.

Street Address (P.O. Box Number is Not Acceptable)

905 E. Martin Luther King Jr. Dr.

Suite 370

City

Tarpon Springs

FL

Zip Code  
34689

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Chairman & President, Secretary  
Robert H. Swan  
905 E. Martin Luther King Jr. Dr.  
Tarpon Springs, FL 34689

TITLE  
NAME  
STREET ADDRESS  
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/02

Date

727-942-3611

Daytime Phone #

CR2E034B (12/01)