

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046393

1. Entity Name

INTERBAY CONSULTING, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90006 042 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3704 KINGSFORD PLACE~~  
~~VALRICO FL 33594~~

~~3704 KINGSFORD PLACE~~  
~~VALRICO FL 33594-6901~~

2. Principal Place of Business

3. Mailing Address

13120 Prestwick Dr. Suite, Apt. #, etc.

Same Suite, Apt. #, etc.

City & State

Riverview FL

City & State

Same Riverview FL

Zip

33569

Country

USA

Zip

Country

4. FEI Number

59-3251331

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

LANCASTER, SCOTT D

~~3704 KINGSFORD PLACE~~

~~VALRICO FL 33594~~

Name

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

13120 Prestwick Dr.

City

Riverview

FL

Zip Code

33569

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

*Scott Lancaster*  
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, 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	PD	<input type="checkbox"/> Delete
NAME	LANCASTER, SCOTT D	
STREET ADDRESS	13120 PRESWICK DR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Scott Lancaster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

Date

813-228-0088

Daytime Phone #

CR2E034 (9/99)