

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

DOCUMENT # **P95000032868**

1. Entity Name
INTERSTATE P.M. SERVICES, INC.



Principal Place of Business
**9400 LIVE OAK PL.
#101
FT. LAUDERDALE FL 33324**

Mailing Address
**9400 LIVE OAK PL.
#101
FT. LAUDERDALE FL 33324**

2. Principal Place of Business

3. Mailing Address

12001 NW 5TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation

Zip

Zip

33325

Country

USA

4. FEI Number

65-0576757

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KEYES, WANDA M
9400 LIVE OAK PL.
#101
FT. LAUDERDALE FL 33324**

Name

Keyes, Wanda

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

12001 NW 5TH CT

City

Plantation

FL

Zip Code

33325

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.

Wanda Keyes

1-8-03

DATE

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
KEYES, RAYMOND W
9400 LIVE OAK PL., #101
FT. LAUDERDALE FL 33324**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**12001 NW 5TH CT
Plantation, FL 33325**

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
KEYES, WANDA
9400 LIVE OAK PL #101
FORT LAUDERDALE FL 33324**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**12001 NW 5TH CT
Plantation, FL 33325**

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 9544746755

Date

Daytime Phone #