2001 UNIFORM BUSINESS REPORT (UBR)

DOCU												
	MENT #	# P9500	0064135									
1. Entity Name INTERSTATE NATIONAL DEALER SERVICES OF FLORIDA,							FILED					
							01					
Principal Place of Business 333 EARLE OVINGTON BLVD. SUITE 700 MITCHEL FIELD NY 11553			Mailing Address 204 SOUTH MONROE STREET TALLAHASSEE FL 32301				O1 JUL 20 AM 8: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. F	4. FEI Number 11-3284019 Applied For Not Applicable					
Zip		Country	Zip	Count	ry	5. 0	Certificate of	Status Desired	. .		5 Addi	tional
	6. Name a	nd Address of Current R	egistered Agent			7. N	Name and Ac	dress of Nev	v Registere	d Agent		
MATTALAN	THOTUS I				Name							
MEENAN, TIMOTHY J 204 SOUTH MONROE STREET					Street Add	dress (P.O. B	Box Number is	s Not Accepta	ible)			
TALLAHASSEE FL 32301				<u></u>	•							
					City				F	L Zi	p Code	
•				<u>.</u>						•		
8. The above	e named entity s	submits this statement for	the purpose of changing its	registere	d office or re	egistered age	ent, or both, i	in the State of	Florida.			
SIGNATURE .	Signature, typed or	submits this statement for	,	: Registered	Agent signature	e required when re	einstating)		DATE		ĈE O	
SIGNATURE . 3. This corporate fling of	Signature, typed or or oration is eligible	printed name of registered agent an	id title if applicable. (NOTE	Registered	Agent signature IS \$550.00 Fee will be	o required when re 0 \$750.00	einstating) 10. Electio	in the State of	DATE			May Be to Fees
SIGNATURE . 3. This corporate fling of	Signature, typed or portion is eligible requirement and on back)	printed name of registered agent an e to satisfy its Intangible d elects to do so.	of title if applicable. (NOTE FILE NOW! After September 12 Make Check Payab	Registered	Agent signature IS \$550.00 Fee will be	o required when re 0 \$750.00 of State	instating) 10. Election Trust	on Campaign	DATE Financing ution.		Added	to Fees
SIGNATURE . 9. This corporate filing (See criter	Signature, typed or oration is eligible requirement and ria on back) PC LUBY, CHE 333 EARLE	e to satisfy its Intangible d elects to do so. OFFICERS AND D	of title if applicable. (NOTE FILE NOW! After September 12 Make Check Payab	I! FEE I , 2001 F ole to De 12. TITLE NAME STREE	Agent signature IS \$550.00 Fee will be partment of	o required when re 0 \$750.00 of State	10. Election Trust I	on Campaign Fund Contribu HANGES TO C	Financing ution. FFICERS AI	DIRECTOR CONTROL CONTR	Added CTORS hange 3[IN 11 Addition 18
9. This corporate filing (See criter 11. TITLE NAME STREET ADDRESS	oration is eligible requirement and on back) PC LUBY, CHE 333 EARLE MITCHEL FI VSTD LUBY, CINE 333 EARLE	printed name of registered agent and e to satisfy its Intangible dielects to do so. OFFICERS AND DISTER JOVINGTON BLVD. IELD NY 11553	FILE NOW! After September 12 Make Check Payab	E: Registered !! FEE I ., 2001 F sle to De 12. TITLE NAME STREE CITY- TITLE NAME STREE	Agent signature IS \$550.00 Fee will be partment of ADDRESS ST-ZIP	o required when re 0 \$750.00 of State	10. Election Trust I	on Campaign Fund Contribu HANGES TO C	DATE Financing ution. DEFICERS AI	ND DIRECTOR CO.	Added CTORS hange 5 1 - 0 **55	IN 11 Addition
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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:

SIGNATURE:

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Displacement of 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 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 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 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 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 the corporation or the receiver or trustee empowered.

Signature:

Date 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 the corporation or the receiver or trustee empowered.