2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000064135

1. Entity Name
INTERSTATE NATIONAL DEALER SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
333 EARLE OVINGTON BLVD. SUITE 700 MITCHEL FIELD, NY 11553	204 SOUTH MONROE STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
11-3284019

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEENAN, TIMOTHY J
204 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	LUBY, CHESTER J
STREET ADDRESS	333 EARLE OVINGTON BLVD.
CITY-ST-ZIP	MITCHEL FIELD, NY 11553
TITLE	VSTD
NAME	LUBY, CINDY H
STREET ADDRESS	333 EARLE OVINGTON BLVD.
CITY-ST-ZIP	MITCHEL FIELD, NY 11553
TITLE	VD
NAME	ALTMAN, LAWRENCE J
STREET ADDRESS	333 EARLE OVINGTON BLVD.
CITY-ST-ZIP	MITCHEL FIELD, NY 11553
TITLE	V
NAME	MENESES, ALBERTO
STREET ADDRESS	333 EARLE OVINGTON BLVD.
CITY-ST-ZIP	MITCHEL FIELD, NY 11553
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/04-80104-002 158.75

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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: Cindy H. Luby Cindy H. Luby 2/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

941-942-0400