

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-21-2002 90880 023 \*\*\*150.00

**DOCUMENT # P95000084406**

**1. Entity Name**  
**INTERLAKE HARDWARE, INC.**

**Principal Place of Business**  
**108 US 27 NORTH**  
**LAKE PLACID FL 33852**  
**US**

**Mailing Address**  
**108 US 27 NORTH**  
**LAKE PLACID FL 33852**  
**US**

00070140



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0627783**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**MCQUEEN, JOEL J**  
**741 LAKE JUNE RD.**  
**LAKE PLACID FL 33852**

Name **McQueen, Joel J**  
 Street Address (P.O. Box Number is Not Acceptable)  
**108 US 27 North**  
 City **Lake Placid** **FL** Zip Code **33862**

**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** \_\_\_\_\_ (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, 2002 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	P	MCQUEEN, JOEL J.	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		<del>741 LAKE JUNE RD</del>	
CITY-ST-ZIP		LAKE PLACID FL	
TITLE	VST	MCQUEEN, LYNN K.	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		<del>741 LAKE JUNE ROAD</del>	
CITY-ST-ZIP		LAKE PLACID FL	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	P	McQueen, Joel J.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		P.O. Box 835	
CITY-ST-ZIP		Lake Placid, FL 33862	
TITLE	VST	McQueen, Lynn K.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		P.O. Box 835	
CITY-ST-ZIP		Lake Placid, FL 33862	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-02 6996097

CR2E034 (9/01)