

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90929 002 ***150.00

0031404 AV

DOCUMENT # P96000030677

1. Entity Name
THE INTERLOG, INC.

Principal Place of Business
11629 ALTA CIRCLE NORTH
JACKSONVILLE FL 32226

Mailing Address
11629 ALTA CIRCLE NORTH
JACKSONVILLE FL 32226



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3383321**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SASSER, KAY
11629 ALTA CIRCLE NORTH
JACKSONVILLE FL 32226

Name

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

City

FL

Zip Code

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

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, 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	PD	<input type="checkbox"/> Delete
NAME	ISELIN, PHILIPSE D.	
STREET ADDRESS	12544 DARYL HILL ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRAMORE, PHILLIP	
STREET ADDRESS	10164-1 CARRAGE CIRCLE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SASSER, KAY F	
STREET ADDRESS	11629 ALTA CIRCLE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ISELIN, KENNETH A	
STREET ADDRESS	11629 ALTA CIRCLE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYERS, DAYTON R	
STREET ADDRESS	11629 ALTA CIRCLE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PLUMLEY, LEWIE E	
STREET ADDRESS	6301 #37 ROOSEVELT BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

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	
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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 #

CR2E034 (9/01)