2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1

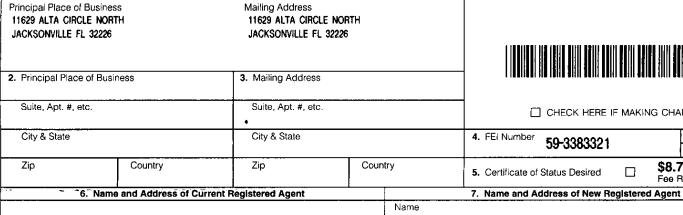


05-05-2003 90128 013 ***150.00

FILED

May 05, 2003 8:00 am Secretary of State

DOCUMENT # . Entity Name THE INTERLOG, INC.	P96000030677	
		600 W



☐ CHECK HERE IF MAKING CHANGES

59-3383321

\$8.75 Additional Fee Required

Applied For

Not Applicable

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

City

Zip Code FL

3.	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.

SASSER, KAY

11629 ALTA CIRCLE NORTH JACKSONVILLE FL 32226

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISELIN, PHILIPSE D 12544 DARYL HILL ROAD JACKSONVILLE FL 32218	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ISELIN, PHILIPSED, 15445 YELLOW BLUFF RI JACKSONVILLE, FL 32226	Change ()	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRAMORE, PHILLIP 10164-1 CARRAGE CIRCLE SOUTH JACKSONVILLE FL 32225	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	□ · Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~ .	Change	Addition -
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		D ISELIN, KENNETH A 11629 ALTA CIR N JACKSONVILLE, FL 3222	☐ Change	Addition
TITLE NAME Street Address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS	O JONES, EDWARDO 5613 RIO GRANDE JACKSONVILLE, FL 32205	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		D MAYO, MICHAEL WI 5148 CAIN LN JACKSONVILLE, FL 32254	☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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: