

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075566

1. Entity Name

INTERSTATE COMMUNICATIONS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90116 033 ***150.00

Principal Place of Business

P.O. BOX 1055
EUSTIS FL 32727-1055

Mailing Address

P.O. BOX 1055
EUSTIS FL 32727-1055

2. Principal Place of Business

3. Mailing Address

P.O. Box 785

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LADY LAKE FL

Zip

Country

Zip

32150

Country

4. FEI Number

59-3552483

Applied For
Not Applied

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

BLANCHARD, CLAYTON H JR
35 E PINEHURST BLVD
EUSTIS FL 32726

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, 2000 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAULDIN, WALLACE R	
STREET ADDRESS	6223 SE 122 LANE	
CITY-ST-ZIP	BELLEVIEW FL 32620	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, CHARLES T	
STREET ADDRESS	PO BOX 1214	
CITY-ST-ZIP	ORKLAHA FL 32183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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

CHARLES T MORRISON 1/20/00

Date

Daytime Phone #