

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075566

1. Entity Name

INTERSTATE COMMUNICATIONS, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90017 042 ***150.00

Principal Place of Business

P.O. BOX 1055
EUSTIS FL 32727-1055

Mailing Address

PO BOX 785
LADY LAKE FL 32158

A0008459



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 785

Suite, Apt. #, etc.

LADY LAKE FL

City & State

32158

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3552483

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BLANCHARD, CLAYTON H JR
35 E PINEHURST BLVD
EUSTIS FL 32728

7. Name and Address of New Registered Agent

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, 2001 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 MAULDIN, WALLACE R ☒ Delete
NAME
STREET ADDRESS 6223 SE 122 LANE
CITY-ST-ZIP BELLEVIEW FL 32620

TITLE D MORRISON, CHARLES T ☐ Delete
NAME
STREET ADDRESS PO BOX 1214
CITY-ST-ZIP ORKLAWAHA FL 32183

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

1-8-2001 (352) 821-3300

CR2E034 (10/00)