

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078761

1. Entity Name

INTERLOC, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90082 020 \*\*\*150.00

Principal Place of Business

313 N.E. 5TH COURT  
DANIA FL 33004

Mailing Address

313 N.E. 5TH COURT  
DANIA FL 33487-2417

2. Principal Place of Business

705 LINTON BLVD

Suite, Apt. #, etc.

SUITE A 105

City & State

DELRAY BEACH FL

3. Mailing Address

7000 NE 8<sup>th</sup> DRIVE

Suite, Apt. #, etc.

City & State

BOCA RATON

Zip

33444

Country

Zip

33487

Country

4. FEI Number

65-0783172

65-0783172

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIGAN, PETER

313 N.E. 5TH COURT  
DANIA FL 33004

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

3/2/00

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 type="checkbox"/> Delete |
| NAME           | HARRIGAN, PETER    |                                 |
| STREET ADDRESS | 313 N.E. 5TH COURT |                                 |
| CITY-ST-ZIP    | DANIA FL 33004     |                                 |
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | HARRIGAN, DORIS    |                                 |
| STREET ADDRESS | 313 N.E. 5TH COURT |                                 |
| CITY-ST-ZIP    | DANIA FL 33004     |                                 |
| 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    |                    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                |  |
| STREET ADDRESS | 7000 NE. 8 <sup>th</sup> DRIVE |  |
| CITY-ST-ZIP    | BOCA RATON, FL 33487           |  |
| TITLE          |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                |  |
| STREET ADDRESS | 7000 NE. 8 <sup>th</sup> DRIVE |  |
| CITY-ST-ZIP    | BOCA RATON FL 33487            |  |
| 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

3/2/00 561998 7000

Date

Daytime Phone #