

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012255

1. Entity Name

INTERSTATE INSTALLATIONS AND MAINTENANCE, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90096 018 ***158.75

Principal Place of Business

1807 6TH AVENUE NORTH
LAKE WORTH FL 33461

Mailing Address

1807 6TH AVENUE NORTH
LAKE WORTH FL 33426-9364

2. Principal Place of Business

130 Commerce Road

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach, FL

City & State

4. FEI Number

65-0818805

Applied For

Not Applicable

Zip

Country

33426

Zip

Country

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

UNITED CORPORATE SERVICES, INC
801 NORTH EAST 167TH STREET
STE 300
N MIAMI BEACH FL 33162

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PETERSON, JEFFREY
STREET ADDRESS 1807 6TH AVENUE NORTH
CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Delete

TITLE President
NAME 2915 Norm Clearbrook Circle
STREET ADDRESS Delray Beach, FL 33445 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VICE PRESIDENT
NAME PATRICIA SNORE
STREET ADDRESS 23109 BOCA CLUB COUNTRY CIRCLE
CITY-ST-ZIP BOCA RATON, FLORIDA 33433 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

561-547-3760

CR2E034 (9/99)