

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000043471**

1. Entity Name

**INTERACTIVE SYSTEMS, INC.****(R)**

Principal Place of Business

**440 ANGELO LANE  
COCOA BEACH FL 32931**

Mailing Address

**440 ANGELO LANE  
COCOA BEACH FL 32931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3522304**

Applied For

Not Applicable

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

**GALANOPOULOS, ATHANASSIOS  
440 ANGELO LANE  
COCOA BEACH FL 32931**

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00.  
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 ☐ Delete  
NAME **D**  
STREET ADDRESS **GALANOPOULOS, ATHANASSIOS**  
CITY-ST-ZIP **440 ANGELO LANE  
COCOA BEACH FL 32931**TITLE ☐ Change ☐ Addition  
NAME  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/7/2000**

Date

**(321)853-2411**

Daytime Phone #

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90019 026 \*\*\*150.00

**A0072785**

DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

ISI

Do not remove Attachment #081500

440 Angelo Lane  
Cocoa Beach  
FL 32931

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DOC# 180000043471  
#0012185

Interactive Systems, Inc.

July 11, 2000

To whom it my concern

Please note that this Corporation did not receive the first notice of the year 2000 Uniform Business Report.

I have enclosed a personal check for the amount of \$150.00.

I feel that my Corporation does not have to pay the additional amount stated in your letter, "2000 Uniform Business Report Second Notice", which was received 9 July 2000.

Thank you for the cooperation and attention.

Sincerely,



Theo Galanopoulos

Owner, ISI.

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