2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2000 08:00 AM
Secretary of State

DOCUMENT # **P98000055055**

1. Entity Name
INTERBANT, INCORPORATED

Principal Place of Business	Mailing Address
7121 WEST GREENWOOD LANE	7121 WEST GREENWOOD LANE
CRYSTAL RIVER FL	CRYSTAL RIVER FL
34429	34429

2. Principal Place of Business		3. Mailing Address	
7121 WEST GREENWOOD LANE		7121 WEST GREENWOOD LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CRYSTAL RIVER FL		City & State: CRYSTAL RIVER FL	
Zip: 34429	Country: US	Zip: 34429	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☐ 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
TAYLOR TERRY	Name: TAYLOR TERRY
7121 WEST GREENWOOD LANE	Street Address (P.O. Box Number is Not Acceptable): 7121 WEST GREENWOOD LANE
CRYSTAL RIVER FL	City: CRYSTAL RIVER FL
34429	Zip Code: 34429

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 ______________________ 04/30/2000
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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TAYLOR TERRY	NAME	
STREET ADDRESS	7121 WEST GREENWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Terry Taylor Pres 04/30/2000