

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076163

1. Entity Name

INTERCONNECT SOLUTIONS INCORPORATED

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90122 029 ***150.00

Principal Place of Business
1906 Hidden Valley
~~2452 ARVAH BRANCH BLVD.~~
TALLAHASSEE FL 32308

Mailing Address
P.O. BOX 13355
TALLAHASSEE FL 32317-3355

2. Principal Place of Business
1906 Hidden Valley
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 13355
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL
Zip
32308
Country
LEON

City & State
Tallahassee, FL
Zip
32317-3355
Country
LEON

4. FEI Number **59-5181281**
Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

GRANT, JEFFREY N
2452 ARVAH BRANCH BLVD.
TALLAHASSEE FL 32308

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TV</i> <i>GRANT, DARLA D</i> <i>2452 ARVAH BRANCH BLVD.</i> <i>TALLAHASSEE FL 32308</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> <i>GRANT, JEFFREY N</i> <i>2452 ARVAH BRANCH BLVD.</i> <i>TALLAHASSEE FL 32308</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

Jeffrey N. Grant
Jeffrey N. Grant

850-539-0133
7-17-00

CR2E034 (9/99)