

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90099 041 ***550.00

DOCUMENT # P98000079550

1. Entity Name
INTERSTRIKE, INC.

| | |
|---|--|
| Principal Place of Business 830-13 A1A NORTH SUITE 101 PONTE VEDRA BEACH FL 32082 | Mailing Address 200 WEST FORSYTH STREET, STE. 1730 JACKSONVILLE FL 32202-4359 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address One Independent Drive Suite, Apt. #, etc. Suite 2000 |
|---|--|

| | | |
|---|------------------------------------|--|
| City & State Jacksonville, FL | 4. FEI Number 59-3544042 | Applied For <input type="checkbox"/> Not Applicable |
|---|------------------------------------|--|

| | | |
|---------------------|-----------------------|--|
| Zip 32202 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|---------------------|-----------------------|--|

6. Name and Address of Current Registered Agent
DRAUGHON, RICHARD S
200 WEST FORSYTH STREET, STE. 1730
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
One Independent Drive, Suite 2000
 City
Jacksonville FL Zip Code
32202

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 _____
Signature, typed or printed name of registered agent and title if applicable

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 | DPST NIELSEN, JARED D 830-13 A1A NORTH, STE. 101 PONTE VEDRA BEACH FL 32082 <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 |
| 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 |
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| 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: Jared Nielsen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034 (9/99)