

2000 UNIFORM BUSINESS REPORT (UBR)

0394956

DOCUMENT # P98000107364

1. Entity Name

INTERSTATE FREIGHT, INC.

Principal Place of Business

Mailing Address

10433 TARA DRIVE

10433 TARA DRIVE

RIVERVIEW FL 33560-9833

FL 33560

2. Principal Place of Business

549 ELMCREST PLACE

3. Mailing Address

P.O. Box 426

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DE BARY FL

City & State

DE BARY FL

Zip

32713

Country

USA

Zip

32713-0426

Country

USA

4. FEI Number

59-3550292

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

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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 PD
NAME WHITTINGTON, DONALD W
STREET ADDRESS 10433 TARA DRIVE 549 ELMCREST PL
CITY-ST-ZIP RIVERVIEW FL 33560 DE BARY FL 32713

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

TITLE STD
NAME WHITTINGTON, PATRICIA C
STREET ADDRESS 10433 TARA DRIVE 10433 TARA DR
CITY-ST-ZIP RIVERVIEW FL 33560 RIVERVIEW FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300003237 ☐ Change ☐ Addition
-05/03/00--01076--017
****150.00 ****150.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 #

CR2E034 (9/99)