

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90308 039 ***150.00

DOCUMENT # P99000008664

1. Entity Name
INTERBEV SYSTEMS, INC.

Principal Place of Business

1255 BELLE AVE., #143
WINTER SPRINGS FL 32708

Mailing Address

1255 BELLE AVE., #143
WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3553891**

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

WELLS, JOHN
1255 BELLE AVE., #143
WINTER SPRINGS FL 32708

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, 2002 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 **D** ☐ Delete
NAME **WELLS, JOHN**
STREET ADDRESS **1255 BELLE AVE., #143**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☒ Change ☐ Addition
NAME **1158 Neede wood Loop**
STREET ADDRESS **OUIEDO, FL 32765**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCBRIDE, BRENT G**
STREET ADDRESS **2120 LAS PALMAS CIR.**
CITY-ST-ZIP **ORLANDO FL 32822-7954**

TITLE ☒ Change ☐ Addition
NAME **7514 LAKE DRIVE**
STREET ADDRESS **Belle ISLE, FL 32809**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DYER, GUY T**
STREET ADDRESS **4848 PIERCE ARROW DR.**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Change ☐ Addition
NAME **1806 Pegasus Drive**
STREET ADDRESS **APOPKA, FL 32703**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)