

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90001 002 ***150.00

DOCUMENT # P99000015981.

1. Entity Name

INTERSTATE USED CARS, INC.



Principal Place of Business
1402 CLEARLAKE RD.
COCOA FL 32922

Mailing Address
1402 CLEARLAKE RD.
COCOA FL 32922

54017049



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

4. FEI Number **59-3559951**

Applied For
Not Applicable

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

Zip **32922** Country **BEVUD**

Zip **32922** Country **BEVUD**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUARNO, JOHN
1005 WAIKIKI DR., EAST
MERRITT ISLAND FL 32953

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent signature required when reinstating)

3/4/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V QUARNO, JOHN 1005 WAIKIKI DR MERRITT ISLAND FL 32953 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *[Signature]* **3/4/04** **632-631-9411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #