

FILED
May 28, 2002 8:00 am
Secretary of State

04-18-2002 90471 010 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 990000 92358

1. Entry Name

INTERSTATE SPECIAL SERVICES INC.

30050

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9752 W. SAMPLE RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL SPRINGS FL.

City & State

4. FEI Number

65-0955 686

Applied For

Not Applicable

Zip
33065

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CHARICE ZAJIC

Street Address (P.O. Box Number is Not Acceptable)

9752 W. SAMPLE RD,

CORAL SPRINGS

FL

Zip Code
33065

**DO NOT WRITE
IN THIS SPACE**

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 office 4 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) ☐

January 1st May 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT CHARICE J ZAJIC 9752 W. SAMPLE RD CORAL SPRINGS FL 33065
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 recorder or justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 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

Day/ing Phone #

4/8/02 954-933-0082

CR2E034B (12/01)