

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59083

1. Entity Name

INTERSTATE SUBS, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90060 024 \*\*\*150.00

Principal Place of Business

Mailing Address

7038 OKEECHOBEE ROAD  
FT. PIERCE FL 34945

7038 OKEECHOBEE ROAD  
FT. PIERCE FL 34945-2606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0295671

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LONG, MARIE  
1800 N ROOSEVELT BLVD  
KEY WEST FL 33040

Name

LONG, MARIE

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

7038 Okeechobee Road

Ft. Pierce, FL

City

FL

Zip Code

34945

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

*Marie Long*

Signature, typed or printed name of registered agent and fee (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 **P** ☐ Delete  
NAME **LONG, MARIE**  
STREET ADDRESS **1800 N. ROOSEVELT BLVD.**  
CITY-ST-ZIP **KEY WEST FL**

TITLE **P** ☒ Change ☐ Addition  
NAME **LONG, MARIE**  
STREET ADDRESS **7038 Okeechobee Rd**  
CITY-ST-ZIP **Ft. Pierce, FL 34945**

TITLE **VP** ☐ Delete  
NAME **LONG, MARIE**  
STREET ADDRESS **1800 N. ROOSEVELT BLVD.**  
CITY-ST-ZIP **KEY WEST FL**

TITLE **P** ☒ Change ☐ Addition  
NAME **Long, MARIE**  
STREET ADDRESS **7038 Okeechobee Rd**  
CITY-ST-ZIP **Ft. Pierce, FL 34945**

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Marie Long*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*April 14/2000 561-489-8833*

CR2E034 (9/99)