

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90278 027 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # V23231**  
 1. Entity Name  
**INTERSOURCE & ASSOCIATES, INC.**



Principal Place of Business  
 9515 SW 188 TERR  
 MIAMI, FL 33157 US

Mailing Address  
 106 SUGAR HILL PLACE  
 APEX, NC 27502 US

11013921

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**815 TERRASTONE PLACE**  
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**CARY, NC**

Zip  
**27519**

Country  
**Wake**

4. FEI Number  
**65-0319197**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DREYER, STELLA C.**  
**9515 SW 188 TERR**  
**MIAMI, FL 33157**

7. Name and Address of New Registered Agent  
 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]* DATE: **4/22/03**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DREYER, STELLA C.	
STREET ADDRESS	9515 SW 188 TERR	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 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]* DATE: **4/22/03** **919-466-0539**

CFR2034 (10/02)