2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90050 019 ***150.00

1. Entity Name
Intertreg Corp.

Principal Place of Business | Mailing Address

A0035482

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
PMB #147		Same	
Suite, Apt. # etc. 2323 Del Prado Blvd. suite #7		Suite, Apt. #, etc Same	
City & State Cape Coral, Fl.		City & State Same	
Zip 33990-4611	Country Lee	Zip Same	Country Same

4. FEI Number 65-0921516 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

La Rocco, Robert
1505 S.E. 40th St. suite C
Cape Coral, Fl. 33904

7. Name and Address of New Registered Agent

Name Sol Bajusz
Street Address (P.O. Box Number is Not Acceptable) P.O. Box P.M.B. #147
2323 Del Prado Blvd. Suite #7
City Cape Coral, Fl. FL Zip Code 33990-4611

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: Sol M. Bajusz
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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete	TITLE Director NAME Sol Bajusz STREET ADDRESS PMB #147 2323 Del Prado Blvd suite #7 CITY-ST-ZIP Cape Coral, Fl. 33990-4611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Sol M. Bajusz 4-3-00 (941)540-5976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E (1/34 (9/99)