

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 644889

1. Entity Name  
INTI, INC.

Principal Place of Business

535 SOUTH JACKSON  
P.O. BOX 990  
BARTOW FL 33830

Mailing Address

535 SOUTH JACKSON  
P.O. BOX 990  
BARTOW FL 33830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1965197

Applied For

Not Applicable

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

MCMULLEN, JANET BETH  
535 SOUTH JACKSON AVENUE  
BARTOW FL 33830

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.

SIGNATURE

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)



**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 PD  
NAME MCMULLEN, WILLIAM GUY  
STREET ADDRESS 535 S. JACKSON AVENUE  
CITY-ST-ZIP BARTOW FL ☐ Delete

TITLE STD  
NAME MCMULLEN, JANET BETH  
STREET ADDRESS 535 S. JACKSON AVENUE  
CITY-ST-ZIP BARTOW FL ☐ Delete

TITLE D  
NAME ORROCK, JAME  
STREET ADDRESS 7203 COLGATE  
CITY-ST-ZIP DALLAS TX ☐ Delete

TITLE D  
NAME WATKINS, JOAN  
STREET ADDRESS 6505 CHEROKEE TRAIL  
CITY-ST-ZIP EDINA MN ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90065 022 \*\*\*150.00



DO NOT-WRITE IN THIS SPACE

CR2E034 (9/01)