

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 687915

1. Entity Name

INTRESCO, INC.

**FILED**  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90126 049 \*\*\*150.00

Principal Place of Business

C/O M.S. ETTINGEN  
135 DUKYEA RD  
MELVILLE NY 11747

Mailing Address

C/O M.S. ETTINGEN  
135 DUKYEA RD  
MELVILLE NY 11747

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

65-0212721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LT CORP SYSTEM  
40 LT CORP SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION FL 33324

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.

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	BERGMAN, STANLEY	
STREET ADDRESS	135 DUKYEA RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	BRESLAWSKI, JAMES P	
STREET ADDRESS	135 DUKYEA RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	EXEC V-P DIRECTOR	<input type="checkbox"/> Delete
NAME	PALADINO, STEVEN	
STREET ADDRESS	135 DUKYEA RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MICHAEL ETTINGEN	
STREET ADDRESS	135 DUKYEA RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)