2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

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Mar 01, 2001 8:00 am DOCUMENT # **F9600003691 Secretary of State** INTERCON INC. OF DELAWARE 03-01-2001 90012 014 ***150.00 Principal Place of Business Mailing Address 230 INDIAN POINT CIRCLE 230 INDIAN POINT CIRCLE KISSIMMEE FL 34746 KISSIMMEE FL 34746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 52-1953461 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSSELLI, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 230 INDIAN POINT CIR KISSIMMEE FL 34746 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's gnature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) PD Delete Change Addition TITLE TITLE NAME HARPERS, DETLEF NAME STREET ADDRESS STREET ADDRESS 230 INDIAN POINT CIRCLE CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP fling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director at the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this indicated on this report or supplemental report s true of the corporation or the recei trustee bowe

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