2001 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 12, 2001 8:00 am
Secretary of State

01-17-2001 90066 037 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # H37115

1. Entity Name
INTERCON CORPORATION

Principal Place of Business	Mailing Address
4801 OSPREY DRIVE SOUTH 609 ST PETERSBURG FL 33711 US	4801 OSPREY DRIVE SOUTH 609 ST PETERSBURG FL 33711 US

2. Principal Place of Business	3. Mailing Address
6015 KIPPS COLONY DR. E.	6015 KIPPS COLONY DR. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GULF PORT, FL	City & State: GULFPORT, FL
Zip: 33707 Country: US	Zip: 33707 Country: US

4. FEI Number 52-1363380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROONEY, JAMES W.
4801 OSPREY DR. S.
#609
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6015 KIPPS COLONY DR. E.
City GULFPORT FL Zip Code 33707

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, 2001 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		
TITLE	SD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	ROONEY, BEATRICE S.		NAME		
STREET ADDRESS	4801 OSPREY DRIVE SOUTH 609		STREET ADDRESS	6015 KIPPS COLONY DR. E.	
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE		☐ Delete	TITLE	P	☐ Change ☒ Addition
NAME			NAME	JAMES W. ROONEY	
STREET ADDRESS			STREET ADDRESS	6015 KIPPS COLONY DR. E.	
CITY-ST-ZIP			CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: James W. Rooney JAMES W. ROONEY 1/6/01 727-343-8265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #