

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

4/28

04-28-2003 90071 011 ****50.00

DOCUMENT # L00000011323

1. Entity Name

INTERMEDIARY CONSULTING ASSOCIATES, LC



Principal Place of Business

**2536 COUNTRYSIDE BLVD. 6TH FLOOR
CLEARWATER FL 33763**

Mailing Address

**2536 COUNTRYSIDE BLVD. 6TH FLOOR
CLEARWATER FL 33763**

44001970



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3697723**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOESCH, GARY
**2536 COUNTRYSIDE BLVD. 6TH FLOOR
CLEARWATER FL 33763**

Name **NORTH, HEATHER L.**
Street Address (P.O. Box Number is Not Acceptable)
2536 COUNTRYSIDE BLVD.
SIXTH FLOOR
City **CLEARWATER** FL Zip Code **33763**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**
NAME **NORTH, TIMOTHY O**
STREET ADDRESS **2536 COUNTRYSIDE BLVD. 6TH FLOOR**
CITY-ST-ZIP **CLEARWATER FL 33773** ☐ Delete

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

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
TIMOTHY NORTH

4-25-03

727-726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)