

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 14, 2001 8:00 am
Secretary of State

01-31-2001 90065 019 ****61.25

DOCUMENT # N00000003218

1. Entity Name

INTENTIONAL INTERVENTION PROGRAM, INC.

Principal Place of Business
7177 So. U.S. ONE
~~6925 SW HILL ST.~~
 PORT ST. LUCIE FL ~~34953~~
34983

Mailing Address
443 NW Canterbury Ct
~~3325 SW HILL ST.~~
 PORT ST. LUCIE FL ~~34953~~
34983

2. Principal Place of Business
7177 So. U.S. ONE
 Suite, Apt. #, etc.

3. Mailing Address
443 NW Canterbury Ct.
 Suite, Apt. #, etc.

City & State
Pt St Lucie

City & State
Pt St Lucie

Zip
34983

Country

Zip
34983

Country
ST Lucie

4. FEI Number
31-1689133

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DIDWAY, TONY
~~3325 SW HILL ST.~~ **443 NW Canterbury Ct**
 PORT ST. LUCIE FL ~~34953~~
34983

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

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angela J. Didway
 SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angela J. Didway **561-336-8638**
 Date **01-23-01**
 Daytime Phone #

CR2E037 (10/00)