

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90282 020 \*\*\*150.00

DOCUMENT # **P000000044064**

1. Entity Name

**Intangible Resource Management, Inc.**

Principal Place of Business  
**665 Bay Esplanade #2**  
**Clearwater Beach, FL 33767**

Mailing Address  
**665 Bay Esplanade #2**  
**Clearwater Beach, FL 33767**

**768462**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>500 Trinity Lane</b> Suite, Apt. #, etc. <b>4211</b>		3. Mailing Address <b>500 Trinity Lane</b> Suite, Apt. #, etc. <b>4211</b>		4. FEI Number <b>59-3648112</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>St. Petersburg, FL</b>		City & State <b>St. Petersburg, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>33716</b>	Country <b>Pinellas</b>	Zip <b>33716</b>	Country <b>Pinellas</b>		

6. Name and Address of Current Registered Agent <b>Ken Seitz</b> <b>665 Bay Esplanade</b> <b>Clearwater Beach, FL 33767</b>		7. Name and Address of New Registered Agent Name <b>Ken Seitz</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 Trinity Lane</b> Apt. <b>4211</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33716</b>	
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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 **Kenneth M. Seitz** **Kenneth M. Seitz, President** **4/30/01**  
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 IN 11	
TITLE <b>President/CEO</b>	<input type="checkbox"/> Delete	TITLE <b>President/CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Kenneth M. Seitz</b>		NAME <b>Kenneth M. Seitz</b>	
STREET ADDRESS <b>665 Bay Esplanade #2</b>		STREET ADDRESS <b>500 Trinity Lane, Apt. 4211</b>	
CITY-ST-ZIP <b>Clearwater Beach, FL 33767</b>		CITY-ST-ZIP <b>St. Petersburg, FL 33716</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Kenneth M. Seitz** **Kenneth M. Seitz** **4/30/01** **727.692.6284**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)