

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90034 043 ***150.00

0021276

DOCUMENT # P00000062731

1. Entity Name
INTREPEX INC.

Principal Place of Business

Mailing Address

~~5. 17TH AVE. N. #701~~
JACKSONVILLE BEACH FL 32250

1314 EAST LAS OLAS BOULEVARD

PMB 17

PORT LAUDERDALE, FL 33301

~~5. 17TH AVE. N. #701~~
JACKSONVILLE BEACH FL 32250

1650 SOUTHEAST

FORT LAUDERDALE, FL

US

C0044607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 17

1314 EAST LAS OLAS BOULEVARD

1650 SOUTHEAST 17th Street, Suite 301

City & State

City & State

FORT LAUDERDALE, FL

FORT LAUDERDALE, FL

Zip 33301

Country US

Zip 33316-1735

Country US

4. FEI Number

58-3659307

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PAYNE, SETH~~
5. 17TH AVE. N. #701
JACKSONVILLE BEACH FL 32250

PAYNE, DANIEL T.
1314 EAST LAS OLAS BOULEVARD
PMB 17
FORT LAUDERDALE, FL 33301

Name DANIEL T. PAYNE
Street Address (P.O. Box Number is Not Acceptable)
1314 EAST LAS OLAS BOULEVARD
POSTAL MAIL BOX 17
City FORT LAUDERDALE FL Zip Code 33301

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 DANIEL T. PAYNE 2/22/01
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 NAME STREET ADDRESS CITY-ST-ZIP
DIP PAYNE, SETH C. 5. 17TH AVE. N. #701 JACKSONVILLE BEACH FL 32250 -7491

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SETH C. PAYNE 5. 17TH AVENUE NORTH, #701 JACKSONVILLE BEACH FL 32250 -7491

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DIP PAYNE, DANIEL T. 5. 17TH AVE. N. #701 JACKSONVILLE BEACH FL 32250

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DIP DANIEL T. PAYNE 520 SOUTHWEST FIFTH AVENUE, Apt. 1106 FORT LAUDERDALE FL 33301

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS 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 holder of a trust 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: DANIEL T. PAYNE, Jr. 3/1/01 954-524-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)