

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90780 030 ***150.00

0324896 AV

DOCUMENT # P00000062731

1. Entity Name

INTREPEX INC.

Principal Place of Business

~~1014 E LAS OLAS BLVD~~
~~PMB 17~~
~~FORT LAUDERDALE FL 33301~~
~~US~~
C/O GRUBER AND ASSOCIATES, P.A.
1650 SOUTHEAST 17TH STREET, SUITE 301
FORT LAUDERDALE FL 33316-1735
US

Mailing Address

~~C/O GRUBER AND ASSOCIATES, P.A.~~
~~1650 SE 17TH STREET, SUITE 301~~
~~FORT LAUDERDALE FL 33316-1735~~
~~US~~
C/O GRUBER AND ASSOCIATES, P.A.
1650 SOUTHEAST 17TH STREET, SUITE 301
FORT LAUDERDALE FL 33316-1735
US

2. Principal Place of Business

C/O GRUBER AND ASSOCIATES, P.A.

Suite, Apt. #, etc.

1650 SOUTHEAST 17TH STREET, SUITE 301

City & State

FORT LAUDERDALE, FL

Zip

33316-1735

Country

US

3. Mailing Address

C/O GRUBER AND ASSOCIATES, P.A.

Suite, Apt. #, etc.

1650 SOUTHEAST 17TH STREET, SUITE 301

City & State

FORT LAUDERDALE, FL

Zip

33316-1735

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1070771-50059007-65-1070771

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~RAYNE, DANIEL T.~~
~~1014 E LAS OLAS BLVD~~
~~PMB 17~~
~~FORT LAUDERDALE FL 33301~~
RICHARD C. GRUBER
C/O GRUBER AND ASSOCIATES, P.A.
1650 SOUTHEAST 17TH STREET, SUITE 301
FORT LAUDERDALE FL 33316-1735

7. Name and Address of New Registered Agent

RICHARD C. GRUBER
C/O GRUBER AND ASSOCIATES, P.A.
1650 SOUTHEAST 17TH STREET, SUITE 301
FORT LAUDERDALE FL 33316-1735

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

Richard C. Gruber

3/17/2002

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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	PAYNE, SETH C.	
STREET ADDRESS	517TH AVE. N. #701	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250-7484	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PAYNE, DANIEL T.	
STREET ADDRESS	320 SE 5TH AVE, APT 1106	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4220 TRADWINDS DRIVE	
CITY-ST-ZIP	32250	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T. REED	
STREET ADDRESS	1545 REED AVENUE	
CITY-ST-ZIP	SAN DIEGO, CA 92109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

Daniel T. Payne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2002 954-520-2222

Date

Daytime Phone #

CP2E034 (9/01)