


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90183 020 \*\*\*150.00

<b>DOCUMENT #</b> P00000062731	
<b>1. Entity Name</b> INTREPEX INC.	

<b>Principal Place of Business</b> C/O GRUBER AND ASSOCIATES, P.A. <del>1650 SOUTHEAST 17TH STREET, #301</del> <del>FORT LAUDERDALE FL 33316-1735</del>	<b>Mailing Address</b> C/O GRUBER AND ASSOCIATES, P.A. <del>1650 SOUTHEAST 17TH STREET, #301</del> <del>FORT LAUDERDALE FL 33316-1735</del>
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*c/o 6550 North Federal Highway  
Fort Lauderdale FL*



<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc. <i>6550 North Federal Highway #522</i>	<i>c/o Gruber and Associates, P.A.</i>
City & State <i>Fort Lauderdale, FL</i>	City & State <i>Fort Lauderdale, FL</i>

☒ CHECK HERE IF MAKING CHANGES

Zip <i>33308-1404</i>	Country <i>US</i>	Zip <i>33308-1404</i>	Country <i>US</i>
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<b>4. FEI Number</b> 65-1070771	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
GRUBER, RICHARD C/O GRUBER AND ASSOCIATES, P.A. <del>1650 SOUTHEAST 17TH STREET, STE #301</del> <del>FORT LAUDERDALE FL 33316-1735</del>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
<i>6550 North Federal Highway, Suite 522</i>
City <i>FL</i> Zip Code <i>33308-1404</i>

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAYNE, SETH C <del>4220 TRADITIONS DR.</del> <del>JACKSONVILLE BEACH FL 32250-7491</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PAYNE, DANIEL T 1545 REED AVENUE SAN DIEGO CA 92109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5004 Chestnut Street</i> <i>BELLAIRE TX 77401-3412</i>
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 607, 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:** *DANIEL T. PAYNE* **SIGNATURE REQUIRED** *3/12/03 984-2222*

CR2E034 (10/02)