## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P00000088904 INTERMAG SERVICES, INC. 04-30-2001 90317 022 \*\*\*150.00 Principal Place of Business Mailing Address 500 LAKE AVE #125 500 LAKE AVE #125 LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address PGA 4521 4521 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 221 221 4. FEI Number 65-1039065 City & State City & State Applied For PALM BEACH GARDUS PALM BEACH GARDNS, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SURCEK VLASTISLA W SURCEK, VLASTISLAV Street Address (P.O. Box Number is Not Acceptable) 500 LAKE AVE #125 LAKE WORTH FL 33460 221 Zip Code 33418 REACH 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Delete ☐ Addition TITLE TITLE SURCEK, VLASTISLAV NAME SVRCEK ULASTISLAV NAME 4521 PGA BLVD # 221 STREET ADDRESS STREET ADDRESS 500 LAKE AVE #125 CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL 33460 PALM BEACH GARDENS, FL 33418 ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO