## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P00000098726 **DOCUMENT #**

1. Entity Name

INTI PUBLISHING, INC.



## **FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90139 039 \*\*\*150.00

FON BENJAMIN ROAD STE 500 TAMPA FL 33634  2. Principal Place of Business Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired  SR-75 Additional Fee Required  Fee Required  Fee Required  For Applicable  Street Address of Current Registered Agent  Name  BROWN, GAIL L  GrO4 BENJAMIN ROAD STE 500 TAMPA FL 33834  City  FL  Zip Code  City  FL  Zip Code  City  Street Address of New Registered Agent  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Note: Registered agent, or both, in the State of Fortida. I am familiar with, and accept the obligations of registered agent.  SignATURE  Signature, topical registered agent, or both, in the State of Fortida. I am familiar with, and accept the obligations of registered agent.  NOTE: Registered Agent signature required interest agent and their facilities in the Contribution.  After May 1, 2003 Fee will be \$55.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  RINE  SIMER ADDRESS  STREET							OG WE THE						
Suita Agit *, etc.   Suita, Agit *, etc.   S	Principal Place of Business 6704 BENJAMIN ROAD STE 500 TAMPA FL 33634			6704 E	6704 BENJAMIN ROAD STE 500								
City & State  Country  S. Certificate of Status Desired  State of New Registered Agent  Name  State above name and Address of Current Registered Agent  State Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  City  Significations or registered agent, or both, in the State of Fiolds. I sem termillar with, and accept me obligations or registered agent, or both, in the State of Fiolds. I sem termillar with, and accept me obligations or registered agent, or both, in the State of Fiolds. I sem termillar with, and accept me obligations or registered agent, or both, in the State of Fiolds. I sem termillar with, and accept me obligations or registered agent, or both, in the State of Fiolds. I sem termillar with, and accept me obligations or registered agent, or both, in the State of Fiolds. I sem termillar with, and accept me obligations or registered agent, or both, in the State of Fiolds. I sem termillar with, and accept me obligations or registered agent, or both, in the State of Fiolds. I sem termillar with, and accept me obligations or registered agent. Or both, in the State of Fiolds. I sem termillar with, and accept me obligations or registered agent. Or both, in the State of Fiolds. I sem termillar with, and accept me obligations or registered agent. Or both, in the State of Fiolds. I sem termillar with, and accept me obligations or registered agent. Or both, in the State of Fiolds. I sem termillar with, and accept me obligations or registered agent. Or both, in the State of Fiolds. I sem termillar with, and accept me obligations or registered a	2. Principal Pla	ace of Busine	ess	3. Mail	ing Address					ESIIF EDIFE IZI		in in in i	
Second   S	Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent	City & State	)		City	City & State				El Number <b>59-3692424</b>		<u> </u>		
BROWN, GAIL L 6704 BENJAMIN ROAD STE 500 TAMPA FL 33834  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOWITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee	Zip Country			Zip	Zip Count			5. 0	Certificate of Status Desired				
BROWN, GAIL L 6704 BENJAMIN ROAD STE 500 TAMPA FL 33834  City FL Zip Code  8. The above rearned entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOWIT! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00  After May 1, 2003		1		- A Danielana	ad Agont		·		Name and Address of New Re	gistered A	gent_		
Since Address (P.O. Box Number is Not Acceptable)    Since Address (P.O. Box Number is Not Acceptable)	<del></del>	6. Name	and Address of Curre	nt Hegistere	a Agent.		Name						
TAMPA FL 33834  a. The above named ends submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, bodget primes have diriginated agent end title if applicable.   NOTE Pegistered Agent signature required area reflected in the State of Florida   DATE	•				.  -								
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 Fiorida. I am familiar with, and accept the obligations of registered agent.    Signature   File   Now!!!   FEE IS \$150.00			D STE 500					<del></del>					
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FILE NOW!! FEE IS \$15.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State  10.	8. The above the obligati	named entity ions of regist	y submits this statement ered agent.	for the purp	oose of changing its	register	ed office or regis	tered ag	ent, or both, in the State of Flor	ída. I am fa	miliar with, a	and accept	
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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 olicer of director indicated on this report 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.