

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90113 033 \*\*\*150.00

**DOCUMENT # P00000101965**

1. Entity Name

**INTERCON MAINTENANCE SERVICE, INC.**

Principal Place of Business

**340 TUSCANY WAY #208  
MELBOURNE FL 32940**

Mailing Address

**340 TUSCANY WAY #208  
MELBOURNE FL 32940**

2. Principal Place of Business

3. Mailing Address

**P.O. 411987**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MELBOURNE, FLORIDA**

4. FEI Number

**94-3380283**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32941-1987**

**USA**

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

**KIM, DEAN D  
340 TUSCANY WAY #208  
MELBOURNE FL 32940**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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	D	<input type="checkbox"/> Delete
NAME	KIM, DEAN D	
STREET ADDRESS	340 TUSCANY WAY #208	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIM, DUCK H	
STREET ADDRESS	15664 FERNCREEK DRIVE	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIM, OK H	
STREET ADDRESS	15664 FERNCREEK DRIVE	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIM, TRACY	
STREET ADDRESS	15664 FERNCREEK DRIVE	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	D	<input type="checkbox"/> Delete
NAME	OM, SANDY	
STREET ADDRESS	123 ROCKWOOD	
CITY-ST-ZIP	HARVERTOWN PA 19083	
TITLE	D	<input type="checkbox"/> Delete
NAME	OM, JAY	
STREET ADDRESS	123 ROCKWOOD	
CITY-ST-ZIP	HARVERTOWN PA 19083	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM, DEAN D.	
STREET ADDRESS	340 TUSCANY WAY #208	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM, DUCK H.	
STREET ADDRESS	15664 FERNCREEK DRIVE	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM, OK H.	
STREET ADDRESS	15664 FERNCREEK DRIVE	
CITY-ST-ZIP	CHESTERFIELD, MO 63017	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM, TRACY	
STREET ADDRESS	15664 FERNCREEK DRIVE	
CITY-ST-ZIP	CHESTERFIELD, MO 63017	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OM, SANDY	
STREET ADDRESS	340 TUSCANY WAY #208	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OM, JAY	
STREET ADDRESS	340 TUSCANY WAY #208	
CITY-ST-ZIP	MELBOURNE, FL 32940	

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:

**SANDY OM**

**4/26/01**

**(321) 259-5637**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)