

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106198

1. Entity Name

Intermoninc Inc.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90226 042 ***150.00

Principal Place of Business

Mailing Address

45 Pleasant Hill Dr
DeBary FL 32713

S/A

2. Principal Place of Business

45 Pleasant Hill Dr

3. Mailing Address

S/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeBary

City & State

Zip

FL

Country

USA

Zip

32713

Country

USA

4. FEI Number

59-3682993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

659859

6. Name and Address of Current Registered Agent

Michael H. Gray
45 Pleasant Hill Dr
DeBary FL 32713

7. Name and Address of New Registered Agent

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 reappointing)

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

TITLE	President	☐ Delete
NAME	Michael Gray	
STREET ADDRESS	45 Pleasant Hill Dr	
CITY - ST - ZIP	DeBary, FL 32713	
TITLE	Vice - President	☐ Delete
NAME	Rosemary Gray	
STREET ADDRESS	45 Pleasant Hill Dr	
CITY - ST - ZIP	DeBary, FL 32713	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ 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:

Michael H. Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

DATE

REGISTERED AGENT

CR2E034 (11/00)