

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90177 043 ***750.00

DOCUMENT # P01000118022

1. Entity Name

I-NEX WORLDWIDE, INC.

Principal Place of Business

3939 CHEVAL BLVD.
 LUTZ FL 33558

Mailing Address

3939 CHEVAL BLVD.
 LUTZ FL 33558



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12000 N. Dale Mabry #262
 Suite, Apt. #, etc.

3. Mailing Address

12000 N Dale Mabry #262
 Suite, Apt. #, etc.

Ste 262

Ste 262

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip

33618

Country

Hillsborough

Zip

33618

Country

Hillsborough

4. FEI Number

32-0010327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CILLO, JOSEPH
 18828 WIMBLEDON CIR.
 LUTZ FL FL335-58

7. Name and Address of New Registered Agent

Name

Joseph Cillo

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

12000 N. Dale Mabry, Ste. 262

City

Tampa

FL

Zip Code

33618

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

Joseph Cillo

7/9/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	MARLIN, LORI	
STREET ADDRESS	18828 WIBELDON CIR.	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Joseph P. Cillo	
STREET ADDRESS	12000 N. Dale Mabry, Ste. 262	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Douglas Chinchar	
STREET ADDRESS	12000 N. Dale Mabry, Ste. 262	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Michael Morrison	
STREET ADDRESS	12000 N. Dale Mabry, Ste. 262	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Carol Risinger	
STREET ADDRESS	12000 N. Dale Mabry, Ste. 262	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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.

813-

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Cillo

7/9/02 9:63-00004

Date

Daytime Phone #