

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90545 036 ***158.75

DOCUMENT # P02000050982

1. Entity Name

INTEREXPO CORPORATION

DO NOT WRITE IN THIS SPACE

20018964

2. Principal Place of Business
3384 CORONA VILLAGE WAY

3. Mailing Address
3384 CORONA VILLAGE WAY

Suite, Apt. #, etc.
#308

Suite, Apt. #, etc.
#308

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
03-0460478

Applied For
Not Applicable

Zip
32835

Country
USA

Zip
32835

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RICHARD A. BRUNSMAN

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

3384 CORONA VILLAGE WAY, #308

City
ORLANDO

FL

Zip Code
32835

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
P/D/C RICHARD M. BRUNSMAN
STREET ADDRESS
6640 DELBURN CT.
CITY - ST - ZIP
DUBLIN, OH 43017

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
V/S/T/D RICHARD A. BRUNSMAN
STREET ADDRESS
3384 CORONA VILLAGE WAY, #308
CITY - ST - ZIP
ORLANDO, FL 32835

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 27, 2003

407-295-5427

CR2E034B (12/01)