

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000592

1. Entity Name

INTER-TECH SERVICES, INC.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90071 027 \*\*\*150.00

Principal Place of Business

12117 SHADY FOREST DR  
RIVERVIEW FL 33569  
US

Mailing Address

P.O. BOX 2478  
RIVERVIEW FL 33569  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

RIVERVIEW, FL 33569

City & State

RIVERVIEW, FL 33569

4. FEI Number 59-3171779

Applied For

Not Applicable

Zip 33569

Country USA

Zip 33569

Country 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

EDDY, ROBERT K  
808 DELEON ST  
TAMPA FL 33606

Name

U/A

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 PST  
NAME GALVAN, ALFREDO A  
STREET ADDRESS 12117 SHADY FOREST DRIVE  
CITY-ST-ZIP RIVERVIEW FL

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)