


FILED
Mar 31, 2003 8:00 am
Secretary of State

MM171DK AVI

DOCUMENT #		P93000000592				Secretary of State	
1. Entity Name		INTER-TECH SERVICES, INC.				03-31-2003 90295 023 ***150.00	
Principal Place of Business		Mailing Address					
12117 SHADY FOREST DR		P.O. BOX 2478					
RIVERVIEW FL 33569		RIVERVIEW FL 33569					
US		US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number		Applied For	
Zip		Country		59-3171779		Not Applicable	
				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		Name					
808 DELEON ST		Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33606		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. I am familiar with, and accept the obligations of registered agent		SIGNATURE		Alfredo A. GALVAN		03/27/03	
FILE NOW!!! FEE IS \$150.00		After May 1, 2003 Fee will be \$550.00		9. Election Campaign Financing		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State				Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		PST		TITLE		Change	
NAME		GALVAN, ALFREDO A		NAME		Addition	
STREET ADDRESS		12117 SHADY FOREST DRIVE		STREET ADDRESS			
CITY-ST-ZIP		RIVERVIEW FL		CITY-ST-ZIP			
TITLE		Delete		TITLE		Change	
NAME				NAME		Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete		TITLE		Change	
NAME				NAME		Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete		TITLE		Change	
NAME				NAME		Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete		TITLE		Change	
NAME				NAME		Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete		TITLE		Change	
NAME				NAME		Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		SIGNATURE		Alfredo A. GALVAN		03/27/03 83-677-2371	