

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052691

1. Entity Name

INTRA-SOUTH ASSOCIATES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90021 046 ***150.00

Principal Place of Business

Mailing Address

6875 ULMERTON ROAD
 LARGO FL 33771
 US

6875 ULMERTON ROAD
 LARGO FL 33771-4945

2. Principal Place of Business

3. Mailing Address

404 N Red St.

404 N Red St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 141

Suite 141

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33409

U.S.

33409

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, LEROY R
 6875 ULMERTON ROAD
 LARGO FL 34641

Name

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

404 N. Red Street Suite 141

City

Tampa

FL

Zip Code 33409

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, 2000 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 ☐ Delete
 NAME P
 STREET ADDRESS KEARNS, WILLIAM J
 CITY-ST-ZIP 6875 ULMERTON ROAD
 LARGO FL

TITLE ☒ Change ☐ Addition
 NAME 404 N. Red Street #141
 STREET ADDRESS
 CITY-ST-ZIP Tampa, FL 33409

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01

813-639-1818

CR2E034 (9/99)