

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90113 045 \*\*\*150.00

0381659 AV

**DOCUMENT # P95000056362**

1. Entity Name  
**INTERMEDIARY CONSULTANTS GROUP, INC.**

Principal Place of Business <b>8058 ABERDEEN DRIVE                  #101                  BOYNTON BEACH FL 33437                  US</b>	Mailing Address <b>8058 ABERDEEN DRIVE                  #101                  BOYNTON BEACH FL 33437                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1801 N. Flagler Drive</b>	3. Mailing Address <b>1801 North Flagler Dr.</b>
Suite, Apt. #, etc. <b>#439</b>	Suite, Apt. #, etc. <b>#439</b>

City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>
Zip <b>33407</b>	Zip <b>33407</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0593421</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CECCHINI, WALTER R.  
~~8058 ABERDEEN DR~~  
~~#101~~  
~~BOYNTON BEACH FL 33437~~**

7. Name and Address of New Registered Agent  
 Name: **Cecchini, Walter R.**  
 Street Address (P.O. Box Number is Not Acceptable): **1801 N. Flagler Dr. #439**  
 City: **West Palm Beach FL** Zip Code: **33407**

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: Walter R. Cecchini DATE: 1/16/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P CECCHINI, WALTER R. 8058 ABERDEEN DR #101 BOYNTON BEACH FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1801 N. Flagler Dr. #439 West Palm Beach, FL 33407</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Walter R. Cecchini DATE: 1/16/02 561.514.3582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)