

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

**8058 ABERDEEN DRIVE
 #101
 BOYNTON BEACH FL 33437
 US**

Mailing Address

**8058 ABERDEEN DRIVE
 #101
 BOYNTON BEACH FL 33437
 US**

2. Principal Place of Business

1801 N. Flagler Drive

3. Mailing Address

1801 North Flagler Dr.

Suite, Apt. #, etc.

#439

Suite, Apt. #, etc.

#439

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33407

Country

USA

Zip

33407

Country

USA

DO NOT WRITE IN THIS SPACE



4. FEI Number

65-0593421

Applied For

Not Applicable

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
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/02

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, 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	P	<input type="checkbox"/> Delete
NAME	CECCHINI, WALTER R.	
STREET ADDRESS	8058 ABERDEEN DR #101	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1801 N. Flagler Dr. #439	
STREET ADDRESS	West Palm Beach, FL 33407	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Walter R. Cecchini
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/02 561.514.3582

Daytime Phone #

CR2E034 (9/01)