

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094054

1. Entity Name

INTERTECH, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90091 037 ***158.75

Principal Place of Business

Mailing Address

2100 CORPORATE SQUARE BLVD
SUITE 200
JACKSONVILLE FL 32216
US

2100 CORPORATE SQUARE BLVD
SUITE 200
JACKSONVILLE FL 32216-1920
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3349332

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HABIB, AMRO
2100 CORPORATE SQUARE BLVD.
SUITE 200
JACKSONVILLE FL 32216

Name

Habib, Amro

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

3900 Dupont Circle

City

Jacksonville

FL

Zip Code
32216

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)

February 14, 2000

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 VP ☐ Delete
NAME ECHEVERRIA, ALEJANDRO A
STREET ADDRESS 622 EGRET BLUFF LN
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Change ☒ Addition
NAME ~~Director of Landscape~~
STREET ADDRESS ~~Carolyn R Woods Architecture~~
CITY-ST-ZIP

TITLE T ☐ Delete
NAME WALKER, EDWARD R
STREET ADDRESS 5000 SAN JOSE BLVD #142
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE P ☐ Delete
NAME JIMENEZ, ALFREDO A SR
STREET ADDRESS 4316 SAGE OAK COURT
CITY-ST-ZIP JACKSONVILLE FL 32277-1018

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

TITLE S ☐ Delete
NAME HABIB, AMRO K
STREET ADDRESS 622 EGRET BLUFF LN
CITY-ST-ZIP JACKSONVILLE FL 32211

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

TITLE DL ☒ Delete
NAME WRIGHT, ROBERT H
STREET ADDRESS 85999 OVERSEAS HIGHWAY, UNIT #4
CITY-ST-ZIP ISLAMORADA FL 33036

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: Alfredo Jimenez February 14, 2000 (904)724-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

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