

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90024 033 ***150.00

DOCUMENT # P96000050920**1. Entity Name**
INTER AD AGENCY, INC.**Principal Place of Business****47 PALM AVE**
#302
SARASOTA FL 34236
US**Mailing Address****47 S PALM AVE**
#302
SARASOTA FL 34236
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number**65-0680314**

Applied For

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****SLIWINSKI, PETER**
47 S PALM AVE., #302
SARASOTA FL 34236

Name

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

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.**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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Delete
D
SLIWINSKI, PETER
47 S PALM AVE., #302
SARASOTA FL**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (9/01)