

DOCUMENT # P96000068000

1. Entity Name
INTECH COMMUNICATIONS GROUP, INC.

Principal Place of Business Mailing Address
13601 DANHURST WAY 13601 DANHURST WAY
JACKSONVILLE FL 32224 JACKSONVILLE FL 32224

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90048 005 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3395250** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MASSEY, RAY
13601 DANHURST WAY
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P MASSEY, L RAY,
STREET ADDRESS	13601 DANHURST WAY
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	S HOOD, CRYSTAL W
STREET ADDRESS	206 SAVANNAH CIR NE
CITY-ST-ZIP	HANCEVILLE AL 35077
TITLE	<input type="checkbox"/> Delete
NAME	CEO HOOD, F DWAYNE
STREET ADDRESS	206 SAVANNAH CIR NE
CITY-ST-ZIP	HANCEVILLE AL 35077
TITLE	<input type="checkbox"/> Delete
NAME	T PATRICIA H MASSEY
STREET ADDRESS	13601 DANHURST WAY
CITY-ST-ZIP	JACKSONVILLE FL 32224
TITLE	<input type="checkbox"/> Delete
NAME	
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 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	
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	

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: *L. Ray Massey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
L. RAY MASSEY

1-4-01 **904-220-0025**
Date Daytime Phone #

CR2E034 (10/00)