

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043069

1. Entity Name

INTERVAC DESIGN CORP.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90047 018 ***150.00

Principal Place of Business

Mailing Address

199 SHELTER LANE
 JUPITER FL 33469

199 SHELTER LANE
 JUPITER FL 33469-3515

2. Principal Place of Business

1312 Commerce Lane

3. Mailing Address

1312 Commerce Lane

Suite, Apt. #, etc.

14-B

Suite, Apt. #, etc.

14-B

City & State

Jupiter FL

City & State

Jupiter FL

4. FEI Number

58-2275641

Applied For

Not Applicable

Zip

33458

Country

USA

Zip

33458

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLSPKOHL, SUSAN
 199 SHELTER LANE
 JUPITER FL 33469

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

Susan Schlapkohl - Susan Schlapkohl RP

1-13-00

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, 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHLAPKOHL, SUSAN	
STREET ADDRESS	199 SHELTER LANE	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHLAPKOHL, PETER	
STREET ADDRESS	199 SHELTER LN	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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:

Susan Schlapkohl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

561-743-1925

Daytime Phone #