

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90031 025 \*\*\*150.00

**DOCUMENT # P97000053149**

Entity Name

**INTE-TRONICS CORP.**

Principal Place of Business

Mailing Address

**NAVARRE PKWY  
FL 32566****8162 NAVARRE PKWY  
NAVARRE FL 32566-6906  
US****00024126**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

County &amp; State

City &amp; State

4. FEI Number

**59-3454651**

Applied For

Not Applicable

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

**WOLF, JERRY  
9319 LUCIAN COURT  
NAVARRE FL 32566**

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

The corporation is eligible to satisfy its intangible  
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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS ZIP	NAME	TITLE	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D 9319 LUCIAN COURT NAVARRE FL 32566	WOLF, JERRY				<input type="checkbox"/>	<input type="checkbox"/>
D 9319 LUCIAN COURT NAVARRE FL 32566	WOLF, TINA				<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

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  
provided 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 #

CR2034 (9/99)