Feb 26, 2002 8:00 am Secretary of State 02-26-2002 90101 031 ***150.00 **FILED**

2002 UNIFORM BUSINESS REPORT (UBR)

P97000063138 **DOCUMENT #** 1. Entity Name INTER CONSULTING & MANAGING SERVICES, INC. Principal Place of Business Mailing Address 14961 HOLE-IN-ONE CIR 28000 SPANISH WELLS BLVD #403 **BONITA SPRINGS FL 34135** FT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0789634 Zip Zip Country Country 5. Certificate of Status Desired

Applied For

\$8.75 Additional

Not Applicable

DO NOT WRITE IN THIS SPACE

						Fee Required						
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
and the second s												
GOEBEL, RUDOLF						Street Address (P.O. Box Number is Not Acceptable)						
14961 HOLE-IN-ONE CIRLCE #403						Officer Address (1.0. Day Manhad) is that Addeptable)						
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3. 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.			The state of the s						DATE			
	Signature, typed	d or printed name of registered agent an	d title if applicable. (NOTE	:: Hegistere	ed Agent signatu	re required w	men reir	nstating)	DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE						S \$150.00 10. Election Campaign Financing \$5.0					ا ۔	
Tax filling r	requirement	and elects to do so.	After May 1, 200	After May 1, 2002 Fee			ĺ	Trust Fund Contribution.	"y 🗆		0 May Be I to Fees	
(See criteria on back)			Make Check Payab	Make Check Payable to De			•	Trade and Solidibation.	_	Added	101003	
11. OFFICERS AND DIRECTORS 12.							ADE	DITIONS/CHANGES TO OFFICER	S AND [DIRECTORS	S IN 11	
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13. ∣ hereby c	ertify that th	ne information supplied with the	his filing does not qualify for	the exe	mption stat	ed in Sect	tion 1	19.07(3)(i), Florida Statutes. I furth	er certif	y that the ir	nformation	
indicated	on this repo	ort or supplemental report is to	rue and accurate and that n	ny signa	ture shall ha	ave the se	me le	19.07(3)(i), Florida Statutes. I furth egal effect as if made under oath; da Statutes; and that my name app	that I am	an officer	or director Block 12 if	
changed.	or on an att	achment with an address, wi	rered to execute this report to addition like empowered.	as requi	neu by Cha	ριει ου / ,	HOHO	за отапитея, апо тнат ту пате ард	ears III	DIOUR II UI	DIOCK IZ II	

02/07/02

Daytime Phone #