

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90178 003 ***150.00

DOCUMENT # P97000082116

1. Entity Name

INTERCONTI CORP.

00050281



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

15171 BAIN ROAD
 FT. MYERS FL 33908

6900-29 DANIELS PKWY
 STE 257
 FORT MYERS FL 33912
 US

2. Principal Place of Business

8750-11 GLADIOLUS DR

3. Mailing Address

8750-11 GLADIOLUS DR

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

305

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33908

Country

U.S.A.

Zip

33908

Country

U.S.A.

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

WEGNER, THOMAS

~~15171 BAIN RD~~

~~FT. MYERS FL 33908~~

Name

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

8750-11 GLADIOLUS DR. 305

City

FORT MYERS

FL

Zip Code

33908

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D WEGNER, THOMAS
 STREET ADDRESS ~~15171 BAIN ROAD~~
 CITY-ST-ZIP ~~FT. MYERS FL 33908~~

TITLE NAME ☒ Change ☐ Addition
8750-11 GLADIOLUS DR 305
 STREET ADDRESS **FORT MYERS, FL 33908**
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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:

SIGNATURE: A THOMAS WEGNER

4/26/00 (941) 454250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #