

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082116

1. Entity Name
INTERCONTI CORP.

Principal Place of Business
8750-11 GLADIOLUS DRIVE, #305
FORT MYERS FL 33908

Mailing Address
8750-11 GLADIOLUS DRIVE, #305
STE 257
FORT MYERS FL 33908
US

2. Principal Place of Business

3. Mailing Address

8750-11 GLADIOLUS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#305

City & State

City & State

FORT MYERS, FL

Zip

Country

Zip

Country

33908

USA

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90157 001 ***500.00
09-19-2001 90157 002 ***250.00



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

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
8750-11 GLADIOLUS DRIVE, #305
FT. MYERS FL 33908

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 8750-11 GLADIOLUS DRIVE
CITY-ST-ZIP FT. MYERS FL 33908

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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
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TITLE NAME ☐ Delete
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0144752 SP

CR2E034 (5/01)

WEGNER 9/13/01 (941) 484 2001