

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90331 017 \*\*\*150.00

**DOCUMENT # P98000006075**

1. Entity Name

**INNTECH PROPERTIES CORPORATION**

Principal Place of Business

**2973 WEST S.R. 434  
STE. 200  
LONGWOOD FL 32779**

Mailing Address

**P.O. BOX 160145  
ALTAMONTE SPRINGS FL 32716**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**421 Montgomery Road  
Suite 145**

3. Mailing Address

**P.O. Box 160145**

Suite, Apt. #, etc.

City &amp; State

**Altamonte Springs, FL**

City &amp; State

**Altamonte Springs FL**

Zip

**32714**

Country

**US**

Zip

**32716**

Country

**US**

4. FEI Number

**59-3488790**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BAILEY, BRENT****2973 WEST S.R. 434****STE. 200****LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

**Brent Bailey**

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

**421 Montgomery Road Ste 145**

City

**Altamonte Springs**

FL

Zip Code

**32714**

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

**Brent Bailey Brent Bailey**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/25/02**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, 2002 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 ☐ Delete  
NAME **PT**  
STREET ADDRESS **BAILEY, BRENT**  
CITY-ST-ZIP **P.O. BOX 160145  
ALTAMONTE SPRINGS FL 32716**TITLE ☐ Delete  
NAME **VS**  
STREET ADDRESS **BAILEY, JULIE**  
CITY-ST-ZIP **P.O. BOX 160145  
ALTAMONTE SPRINGS FL 32716**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

**Brent Bailey Brent Bailey**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**02/25/02**

Daytime Phone #

CR2E034 (9/01)