

FILED
Apr 09, 2008 08:00 A
Secretary of State

1. Entity Name
INTERGLOBAL PRODUCTS INC



Mailing Address
2 GRANVILLE CIRCLE
DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE



01122008 No Chq-P CR2E034 (11/05)

4. FEI Number
59-3532206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, YOGESH P
2 GRANVILLE CIRCLE
DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

000000887168

04/21/08-32009-017 150.00

10.	OFFICERS AND DIRECTORS
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TITLE	P
NAME	PATEL, YOGESH P
STREET ADDRESS	2 GRANVILLE CIR
CITY-ST-ZIP	DAYTONA BEACH, FL 32118

TITLE	S
NAME	PATEL, MAMTA Y
STREET ADDRESS	2 GRANVILLE CIR
CITY-ST-ZIP	DAYTONA BEACH, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

4/4/08
Date

Daytime Phone # _____