

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90030 004 ***150.00

DOCUMENT # P98000035912

1. Entity Name
INTER-CARGO IMPORT/EXPORT OF SOUTHWEST FLORIDA,

Principal Place of Business **Mailing Address**
2529 NORTH AIRPORT ROAD **2529 NORTH AIRPORT ROAD**
FORT MYERS FL 33907 **FORT MYERS FL 33907-1402**

2. Principal Place of Business **3. Mailing Address**
2529 North Airport Rd **2529 North Airport Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Fort Myers, FL **Fort Myers, FL**
Zip **Country** **Zip** **Country**
33907 **Lee** **33907** **Lee**

6. Name and Address of Current Registered Agent
DECECCO, DOMINICK A
2529 NORTH AIRPORT ROAD
FORT MYERS FL 33907

4. FEI Number **65-0875510** **Applied For**
 Not Applicable

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

7. Name and Address of New Registered Agent
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. ☐ **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** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECECCO, DOMINICK A		NAME	JEAN CLAUDE JOSEPH	
STREET ADDRESS	248 BAYSHORE DRIVE		STREET ADDRESS	25757 Aysen Dr.	
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP	Punta Gorda FL 33983	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABEL, RUDY		NAME	Heidi DeCecco	
STREET ADDRESS	41961 HOLE-IN-ONE CIRCLE #413		STREET ADDRESS	248 Bayshore Dr. Cape Coral FL 33904	
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIGHT, CHRISTINE		NAME		
STREET ADDRESS	PANTHER LANE #S-5		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 an officer like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/11/00** **941-931-0442** **Date** **Daytime Phone #**

CR2E034 (9/99)