

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90094 019 ***150.00

0394604

DOCUMENT # P98000065651

1. Entity Name
INTRASTATE OF FLORIDA, INC.

Principal Place of Business
4251 GULFSHORE BLVD.
PH-B
NAPLES FL 34103

Mailing Address
4251 GULFSHORE BLVD.
PH-B
NAPLES FL 34103

00030283



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0864305**

Applied For
 Not Applicable

Zip Country

Zip Country

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

FAGA, ANTONIO ESQ.
375 12TH AVENUE S
NAPLES FL 34102

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 | ST | <input type="checkbox"/> Delete |
| NAME | YOUTOS, HARRY | |
| STREET ADDRESS | 6440 FLYING CLOUD DR., STE. 130 | |
| CITY-ST-ZIP | EDEN PRAIRIE MN 55344 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PINT, STEVE | |
| STREET ADDRESS | 2808 WEBSTER AVENUE S. | |
| CITY-ST-ZIP | ST. LOUIS PARK MN 55416 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | PINT, MICHAEL | |
| STREET ADDRESS | 4251 GULFSHORE BLVD. | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Steve Pint **Steve Pint** Date: 3-27-01 Daytime Phone #: 612-708-7841

CR2E034 (10/00)