

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083067

1. Entity Name

INTIHAR RECOVERY, INC.

FILED
Sep 21, 2000 8:00 am
Secretary of State

09-21-2000 90003 015 ***150.00

Principal Place of Business

2701 IVY LANE
ENGLEWOOD FL 34224

Mailing Address

2701 IVY LANE
ENGLEWOOD FL 34224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0790712

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

INTIHAR, SCOTT
36 SPORTSMAN PLACE
ROTONDA WEST FL 33947

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

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

SCOTT M. INTIHAR

9-14-00

(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 13, 2000 Min. 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
STREET ADDRESS
CITY-ST-ZIP
D
INTIHAR, SCOTT
36 SPORTSMAN PL
ROTONDA WEST FL 33947 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SCOTT M. INTIHAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-00

Date

941-474-3463

Daytime Phone #

CR2E034 (5/00)



Attachment
P98000083067
DW87487

Please Accept This Letter As Notice
That A 1st Notice Was Never Received in
Our Office. A Second Notice Was Received
On Sat. Sept 16th. This Also Happened Last
Year And I Apologize For Any Inconvenience.
Please Check Your Database To See If My Mailing
Dates Reflect These Late Mailings.

Thank You,

For Abel
president