

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90124 026 ***158.75

DOCUMENT # P98000088742

1. Entity Name
INTERMED GAS PRODUCTS CORPORATION

Principal Place of Business
4100 NORTH POWERLINE ROAD #P6
POMPANO BEACH FL 33073

Mailing Address
4100 NORTH POWERLINE ROAD #P6
POMPANO BEACH FL 33073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4100 NORTH POWERLINE ROAD

3. Mailing Address
4100 NORTH POWERLINE ROAD

Suite, Apt. #, etc.
U-4

Suite, Apt. #, etc.
U-4

City & State
POMPANO BEACH, FL.

City & State
POMPANO BEACH, FL.

4. FEI Number **65-0874592**

Applied For
 Not Applicable

Zip
33073

Country
USA

Zip
33073

Country
USA

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

MURRAY, WILLIAM D.
4100 NORTH POWERLINE ROAD #P6 #U-4
POMPANO BEACH FL 33073

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

SIGNATURE **William D. Murray, PRESIDENT**

9/4/2002
 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 \$550.00
After September 13, 2002 Fee 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/P/V/S/T
MURRAY, WILLIAM D
300 S.W. 66TH AVENUE
MARGATE FL 33068

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

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☐ 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: **William D. Murray, PRESIDENT** **9/4/2002** **(954) 970-2440**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

Intermed Gas Products Corporation
4100 N. Powerline Road, # U-4
Pompano Beach, FL 33073

September 4, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Intermed Gas Products Corporation (P98000088742) Annual Report

Dear Sir or Madam,

We have received a second notice from your office requesting that we file an annual report. We have no record of having received a first notice. Therefore, we have enclosed a check payable to the Department of State in the amount of \$158.75, representing the annual fee of \$150.00, and for the certificate of status fee of \$8.75.

Please accept our report and our payment as payment in full as we did not receive your first notice. Thank you for your consideration and cooperation in this matter. Also, please note our address change. We are no longer in unit P-6, our unit number is now U-4. We have had trouble getting mail addressed to our old unit, so please update your records. Thanks for your help.

Very Truly Yours,

William D. Murray PRESIDENT
William D. Murray, President