

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000003231**

1. Entity Name

INTRACENT DIGITAL INFORMATION BUILDERS, INC.

FILED

00 APR 25 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**3233 VARNELL DR.
TALLAHASSEE, FL 32308**

2. Principal Place of Business

3. Mailing Address

2471 DUSKY COURT
Suite, Apt. #, etc.

2471 DUSKY COURT
Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE, FL

TALLAHASSEE, FL

Zip

Country

Zip

Country

32308

LEON

32308

LEON

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MICHAEL L. MURPHY, SR.
2471 DUSKY COURT
TALLAHASSEE, FL 32308**

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]

4/25/2000

Signature, typed or printed name of registered agent and date, 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. (See criteria on back) ☐

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	A	<input type="checkbox"/> Delete
NAME	MICHAEL L. MURPHY, SR.	
STREET ADDRESS	2471 DUSKY COURT	
CITY-ST-ZIP	TALLAHASSEE, FL. 32308	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400003238904	
STREET ADDRESS	-05/04/00--01003--007	
CITY-ST-ZIP	****150.00 ****150.00	
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		
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:

MICHAEL L. MURPHY, SR. **4/25/2000** **(850) 668-0387**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)