

2001 UNIFORM BUSINESS REPORT (UBR)

06-20-2001 90115 001 ***300.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 27 AM 9:27

75254

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000076196

1. Entity Name

INTERCO INC Export

Principal Place of Business

Mailing Address

1220 A 52nd ST

MARGONIA PARK FL 33407

2. Principal Place of Business

3. Mailing Address

1220 A 52nd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARGONIA PARK FL

4. FEI Number

65-0943648

Applied For

Not Applicable

Zip

Country

Zip

Country

33407

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

William JSHEA

3 DENNIS ST

RIVIERA BEACH FL 33403

Name

WILLIAM JSHEA

Street Address (P.O. Box Number is Not Acceptable)

1220 A 52nd ST

City

MARGONIA PARK FL

Zip Code

33407

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.
(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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D William JSHEA
220 LAKE SHORE DR #4
LAKE PARK FL 33403

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 lines empowered.

SIGNATURE:

William JShea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/01 5618638612

Date

Daytime Phone

CR2E034 (11/00)