

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90048 037 ***150.00

DOCUMENT # ~~903015~~ **583015**

1. Entity Name

INTI PUBLISHING & RESOURCE BOOKS, INC.

Principal Place of Business

Mailing Address

6704 BENJAMIN RD
 SUITE 500
 TAMPA, FL 33634

6704 BENJAMIN RD
 SUITE 500
 TAMPA, FL 33634

2. Principal Place of Business

704 BENJAMIN RD
 Suite, Apt. #, etc.
 SUITE 500

3. Mailing Address

6704 BENJAMIN RD
 Suite, Apt. #, etc.
 SUITE 500

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3094497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

Country

USA

Zip

33634

Country

USA

6. Name and Address of Current Registered Agent

MS. SMITTY SMITH
 3802 EHRLICH RD
 SUITE 210
 TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name

JEWEL PARAGO

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

6704 BENJAMIN ROAD

SUITE 500

City

TAMPA,

FL

Zip Code
 33634

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

Jewel Parago / Accountant

5/26/00

(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, 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

TITLE ☐ Delete
 NAME DIRECTOR
 STREET ADDRESS BURKE HEDGES
 CITY-ST-ZIP 2823 BULLARD DRIVE
 CLEARWATER, FL 33762

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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 registered agent 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 the address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/00

Date

813-881-1638

Daytime Phone #

CR2E034 (9/99)