

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28928

1. Entity Name

INTRON TECHNOLOGIES, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90010 008 ***150.00

Principal Place of Business

3673 DEER CROSSING PL *
STE 128
JACKSONVILLE FL 32557
US

Mailing Address

10991-55 SAN JOSE BLVD
STE 128
JACKSONVILLE FL 32223
US

2. Principal Place of Business

3015 HARTLEY RD,

3. Mailing Address

Suite, Apt. #, etc.

SUITE 23

PMB#128

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3118880

Applied For

Not Applicable

Zip

32257

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GHER, JOANNE M.
3673 DEER CROSSING PLACE
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

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, 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 PD ☐ Delete
NAME GHER, JOANNE M.
STREET ADDRESS 3673 DEER CROSSING PLACE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ST ☐ Delete
NAME WINDSOR, DOUGLAS DRYDEN
STREET ADDRESS 3673 DEER CROSSING PLACE
CITY-ST-ZIP JACKSONVILLE FL

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
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

Joanne M. Gher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

(904) 292-4621

Date

Daytime Phone #

CR2E034 (9/99)