

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28928

1. Entity Name  
INTRON TECHNOLOGIES, INC.

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90277 010 \*\*\*150.00

Principal Place of Business

Mailing Address

3015 HARTLEY ROAD  
SUITE 23  
JACKSONVILLE FL 32257  
US

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

00037642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3015 HARTLEY RD

3015 HARTLEY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 10

SUITE 10

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

4. FEI Number 59-3118880

Applied For  
Not Applicable

Zip  
32257

Country

Zip  
32257

Country

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

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

Name WINDSOR, JOANNE M.

Street Address (P.O. Box Number is Not Acceptable)  
3673 DEER CROSSING PLACE

City JACKSONVILLE FL Zip Code 32257

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 Joanne M. Windsor (JOANNE M. WINDSOR, PRESIDENT) 4/13/01  
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 PD  
NAME GHER, JOANNE M.  
STREET ADDRESS 3673 DEER CROSSING PLACE  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE NAME  
NAME WINDSOR, JOANNE M. ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
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CITY-ST-ZIP ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: Joanne M. Windsor (JOANNE M. WINDSOR) 4/13/01 904-292-4621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)