

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 29, 2000 8:00 am  
Secretary of State

03-29-2000 90035 007 \*\*\*150.00

DOCUMENT # F97000001248

1. Entity Name

INTERSECT MARKETING, INC.

Principal Place of Business

Mailing Address

14508 CLIFTY CT  
TAMPA FL 33624  
US

14508 CLIFTY CT  
TAMPA FL 33624-2637  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3391830

Applied For  
Not Applicable

Zip

Country

Zip

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

GARBER, EVAN  
14508 CLIFTY CT  
TAMPA FL 33624

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MOORE, RON  
STREET ADDRESS 2001 HODGES BLVD., #101  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TDC  
NAME KETO, ROBERT  
STREET ADDRESS 14508 CLIFTY CT  
CITY-ST-ZIP TAMPA FL 33624

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME GATTIS, WILLIAM  
STREET ADDRESS 1913 DODGE TRAIL  
CITY-ST-ZIP GRAND PRAIRIE TX 75052-1729

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME ROXBURGH, THOMAS  
STREET ADDRESS 6404 TIFFANY OAKS LANE  
CITY-ST-ZIP ARLINGTON TX 76016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C  
NAME BIRCH, GERALD  
STREET ADDRESS 330 N. SPRING BLVD.  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)