2002 Uniform Business Report (UBR)

Mar 20, 2002 8:00 am F97000001248 DOCUMENT # **Secretary of State** 1. Entity Name 03-20-2002 90060 046 ***150 00 INTERSECT MARKETING, INC. Mailing Address Principal Place of Business 14508 CLIFTY CT 14508 CLIFTY CT TAMPA FL 33624 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address 10717 AYRSHIRE DR YRSHIRE DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, Suite. Apt. #. etc. Applied For City & State City & State 4. FEI Number 59-3391830 Not Applicable TAMDA, FO TAMOA Country Country \$8.75 Additional 5. Certificate of Status Desired 33624 33626 VS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARBER, EVAN Street Address (P.O. Box Number is Not Acceptable) HYRSHIRE DR. 14508 CLIFTY CT TAMPA FL 33624 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition CR2E034 (9/01 TITLE ☐ Delete NAME MOORE, RON STREET ADDRESS STREET ADDRESS 2001 HODGES BLVD., #101 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 TITLE ☐ Delete Change ☐ Addition TDC NAME NAME KETO, ROBERT STREET ADDRESS STREET ADDRESS 14508 CLIFTY CT CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33624** Change TITLE ☐ Delete ☐ Addition SD NAME GATTIS, WILLIAM STREET ADDRESS STREET ADDRESS 1913 DODGE TRAIL CITY-ST-ZIP CITY-ST-ZIP GRAND PRAIRIE TX 75052-1729 Change ☐ Addition ☐ Delete TITLE NAME NAME ROXBURGH, THOMAS STREET ADDRESS STREET ADDRESS 6404 TIFFANY OAKS LANE CITY-ST-ZIP CITY-ST-ZIP <u> Arlington TX 76016</u> Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BIRCH, GERALD STREET ADDRESS STREET ADDRESS 330 N. SPRING BLVD. CITY-ST-ZIP CITY-ST-7IP TARPON SPRINGS FL 34689 ☐ Change Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental reports true and accurate and if the corporation or the receiver or trostee empowered to execute this content is the corporation of the receiver or trostee empowered to execute this content is the corporation of the receiver or trostee. e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an officer or director 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 SIGNATURE:

NG OFFICER OR DIRECTOR