

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91522 037 \*\*\*150.00

**DOCUMENT #** P00000009819

1. Entity Name

INTERACTIVE AGENT, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2536 Countryside Blvd

3. Mailing Address  
2536 COUNTRYSIDE BLVD

Suite, Apt. #, etc.  
2nd Floor

Suite, Apt. #, etc.  
2nd Floor

DO NOT WRITE IN THIS SPACE

City & State  
Clearwater FL

City & State  
CLEARWATER FL

4. FEI Number  
59-3712904

Applied For  
Not Applicable

Zip  
33763

Country  
USA

Zip  
33763

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
NORTH, HEATHER

Street Address (P.O. Box Number is Not Acceptable)  
2536 Countryside Blvd. 6th Floor

City Clearwater FL Zip Code 33763

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PDS  
During, Kim  
2536 Countryside Blvd. 2nd Floor  
Clearwater FL 33763

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim During

4/25/03

Date

727-726-1700

Daytime Phone #

CR2E034B (12/01)