

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000028615**

1. Entity Name

INTRINSIC SYSTEMS, INC.

Principal Place of Business

Mailing Address

2915 SR 590
15
CLEARWATER FL 337592519 McMULLEN BOOTH RD
510-354
CLEARWATER FL 33761

2. Principal Place of Business

3. Mailing Address

2911 SR 590

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

Clearwater FL

Zip

Country

Zip

Country

33759

Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAFARA, JANICE M
2968 SWEETGUM WAY SOUTH
CLEARWATER FL 34621

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
FAFARA, JANICE M
2968 SWEETGUM WAY S
CLEARWATER FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
FAFARA, GLEN M
2968 SWEETGUM WAY S
CLEARWATER FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:

Janice M. Fafara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE M. Fafara

President 4/30/01

727-7249273

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90143 050 ***150.00

C0065506

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3313194**

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

0367920

CR2E034 (10/00)