## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P96000003870** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name INTERSYTE, INC. 04-21-2000 90129 048 \*\*\*150.00 Principal Place of Business Mailing Address 5016 GUNN HWY 5016 GUNN HWY TAMPA FL 33624 TAMPA FL 33624-6322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Numper 59-3352862 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARGREAVES, CHRISTIAN Street Address (P.O. Box Number is Not Acceptable) 5016 GUNN HWY TAMPA FL 33624 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 DATE 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, 2000 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PDC** Change ☐ Addition Delete TITLE TITLE HARGREAVES, CHRISTIAN J NAME 15620 INDIAN QUEEN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE HEWITT, FRANK S NAME NAME 8130 COLONIAL VILLAGE DR #205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33625\_ ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information sybblied 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 leport 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 executive 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 wit SIGNATURE:

all other I