

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000003870**1. Entity Name  
INTERSYTE, INC.

## Principal Place of Business

5016 GUNN HWY

TAMPA  
33624

FL

US

## Mailing Address

5016 GUNN HWY

TAMPA  
33624

US

FL

## 2. Principal Place of Business

15620 INDIAN QUEEN DRIVE

## 3. Mailing Address

15620 INDIAN QUEEN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

ODESSA

FL

## City &amp; State

ODESSA

FL

Zip  
33556Country  
USZip  
33556Country  
US

## 4. FEI Number

59-3352862

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HARGREAVES CHRISTIAN  
5016 GUNN HWYTAMPA  
33624

FL

## 7. Name and Address of New Registered Agent

## Name

HARGREAVES CHRISTIAN JCEO

Street Address (P.O. Box Number is Not Acceptable)  
15620 INDIAN QUEEN DRIVECity  
ODESSA

FL

Zip Code  
33556

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 **CHRISTIAN HARGREAVES**

09/11/2001

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 State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> Delete
NAME	HEWITT FRANK S	
STREET ADDRESS	8130 COLONIAL VILLAGE DR #205	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	HARGREAVES CHRISTIAN J	
STREET ADDRESS	15620 INDIAN QUEEN DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Christian Hargreaves**

CEO

09/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)