

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90220 025 ***150.00

DOCUMENT # P97000019018

1. Entity Name
INTACT PATHWAYS, INC.

Principal Place of Business

4104 IMPERIAL EDGE
VALRICO FL 33594

Mailing Address

4104 IMPERIAL EDGE
VALRICO FL 33594

2. Principal Place of Business

4104 Imperial Eagle Dr.
 Suite, Apt. #, etc.

3. Mailing Address

4104 Imperial Eagle Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Valrico, FL

Zip
33594

Country
USA

City & State
Valrico, FL

Zip
33594

Country
USA

4. FEI Number **59-3429251**

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CARASEA, SUSAN E
1005 MEADOWCREST DRIVE
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name **Susan E Carasea**
Street Address (P.O. Box Number is Not Acceptable) **4104 Imperial Eagle Dr.**
City **Valrico** **FL** **Zip Code** **33594**

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 *Susan Carasea*

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, 2002 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 **VP** ☐ **Delete**
NAME **CARASEA, KEVIN**
STREET ADDRESS **4104 IMPERIAL EDGE DRIVE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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: *Susan Carasea* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)