## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P97000051923** 1. Entity Name INTRINSIC INTENT, INCORPORATED 01-29-2000 90105 023 \*\*\*158.75 Principal Place of Business Mailing Address 1619 DOGWOOD LANE P.O. BOX 809 BRANDON FL 33509-0809 **BRANDON FL 33510** 2. Principal Place of Business 3. Mailing Address 802 Tuscanny St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Brandon, City & State 4. FEI Number 59-3494177 Not Access Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33511-6151 Fee Required US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (same) LANSKY, GLEN R Street Address (P.O. Box Number is Not Acceptable) 915 OAKFIELD DRIVE SUITE F 313 E. Robertson St. **BRANDON FL 33511** Zip Code (same) 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP ☐ Change Addition Addition X Delete TITLE TITLE LINDSEY, ROBERT M NAME NAME STREET ADDRESS 3105 STONE STREET STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP Director President & CEO Change ☐ Addition Delete TITLE (Same) VALDES, JOSE F NAME 802 Tucanny St. STREET ADDRESS 1619 DOGWOOD LN STREET ADDRESS Brandon, FL 33511-6151 CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33510 InitibbA 🔲 Delete ---TITLE ^ TITLE" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 as address, with all other like empowered.

SIGNATURE: