

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006128

**Entity Name:** INTERCEPTED!, INC.

**Current Principal Place of Business:**

1363 EAST LAFAYETTE STREET  
C  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 13584  
TALLAHASSEE, FL 32317

**FEI Number:** 80-0738137

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REVOLUTIONARY EXPRESSIONS, LLC  
1363 EAST LAFAYETTE STREET  
STE C  
TALLAHASSEE, FL 32301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            FED  
Name            HINES, TRACYE  
Address        P. O. BOX 13584  
City-State-Zip: TALLAHASSEE FL 32317

Title            BM  
Name            HAYES, JOCELYN  
Address        2500 MERCHANTS ROW  
                  APT 187  
City-State-Zip: TALLAHASSEE FL 32311

Title            BM  
Name            SCOTT, MARCUS  
Address        1717 WEST THARPE STREET  
City-State-Zip: TALLAHASSEE FL 32304

Title            BM  
Name            HALL, TAZH  
Address        P.O. BOX 13584  
City-State-Zip: TALLAHASSEE FL 32312

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRACYE HINES

**FED**

**04/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date