


**04 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 APR 22 PM 3:34

SECRETARY OF STATE
TALLAHESSEE FLORIDA

DOCUMENT # P93000031953
 1. Entity Name
INTERTIME, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
213 Woodland Trace Dr.
 Suite, Apt. #, etc.
 City & State
Knoxville, TN
 Zip
37922
 Country
U.S.A.

4. FEI Number
65-0409835
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name Alicia Curiel-Rodriguez
 Street Address (P.O. Box Number is Not Acceptable)
4255 Greenbriar Lane
 City Wilton FL Zip Code 33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT CARLOS J. Rodriguez 213 Woodland Trace Dr Knoxville, TN 37922</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>900033539029 04/22/04--01023--005 **150.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY Jenny Poppel-Rodriguez 213 Woodland Trace Dr Knoxville, TN 37922</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/13/04 (865) 675 0716
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)