

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90083 002 ****61.25

DOCUMENT # 849689

1. Entity Name

INTELECOM INTELLIGENT TELECOMMUNICATIONS, A CALI

Principal Place of Business

150 E. COLORADO BLVD., #300
 PASADENA CA 91105-1937

Mailing Address

150 E. COLORADO BLVD., #300
 PASADENA CA 91105-1937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3559646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOBBS, THOMAS W
108 ALDEAN DR.
SANFORD FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRANCUS, STANLEY E. 4901 E. CARSON LONG BEACH CA	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEATY, SALLY-V 150 E. COLORADO BLVD. STE. 300 PASADENA CA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BREEDEN, CAROLYN 1530 W. 17TH ST. SANTA ANA CA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PURDY, LESLIE 11460 WARNER AVE. FOUNTAIN VALLEY CA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WALKER, JAMES 7075 CAMPUS ROAD MOORPARK CA 93021	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sally Beaty* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

626-796-7300

Daytime Phone #

CR2E037 (10/00)