

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90063 049 \*\*\*150.00

**DOCUMENT # H75058**

1. Entity Name  
**INTELLA COMMUNICATION SERVICES, INC.**

Principal Place of Business <b>228 SOUTH HERNANDO ST. LAKE CITY FL 32055</b>	Mailing Address <b>228 SOUTH HERNANDO ST. LAKE CITY FL 32055</b>
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2. Principal Place of Business <b>228 SE Hernando Avenue</b>	3. Mailing Address <b>228 SE Hernando Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lake City, FL</b>	City & State <b>Lake City, FL</b>
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Zip <b>32025</b>	Country <b>USA</b>	Zip <b>32025</b>	Country <b>USA</b>
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4. FEI Number <b>59-2584394</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

~~RICHARDSON, PERLEY A.~~  
**228 SOUTH HERNANDO STREET  
 LAKE CITY FL 32055**

**7. Name and Address of New Registered Agent**

Name MICHAEL E. NELSON  
 Street Address (P.O. Box Number is Not Acceptable)  
**228 SE Hernando Avenue**  
 City **Lake City** **FL** Zip **32025**

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 Michael E. Nelson **Michael E. Nelson, President** **2-19-2002**  
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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete <b>PD NELSON, MICHAEL E 228 SOUTH HERNANDO STREET LAKE CITY FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete <b>DST NELSON, BRENDA E 228 SOUTH HERNANDO STREET LAKE CITY FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Brenda E. Nelson **Brenda E. Nelson** **2-19-02** **386-752-2011**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)