

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90516 048 ***150.00

000739 AV

DOCUMENT # H75058

1. Entity Name
INTELLA COMMUNICATION SERVICES, INC.



Principal Place of Business
**228 SOUTH HERNANDO ST.
LAKE CITY FL 32025**

Mailing Address
**228 SOUTH HERNANDO ST.
LAKE CITY FL 32025**

2. Principal Place of Business
224 SE Hernando Ave

3. Mailing Address
224 SE Hernando Avenue

Suite, Apt. #, etc.

City & State
Lake City, FL 32025

City & State
Lake City, FL 32025

Zip
32025

Country
USA

Zip
32025

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
59-2584394

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**NELSON, MICHAEL E
228 SOUTH HERNANDO STREET
LAKE CITY FL 32025**

7. Name and Address of New Registered Agent

Name
Michael E. Nelson

Street Address (P.O. Box Number is Not Acceptable)
224 SE Hernando Avenue

City
Lake City

State
FL

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

SIGNATURE **Michael E. Nelson** *Michael E. Nelson* **1-9-2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, MICHAEL E 228 SOUTH HERNANDO STREET LAKE CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael E. Nelson 224 SE Hernando Avenue Lake City, FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NELSON, BRENDA E 228 SOUTH HERNANDO STREET LAKE CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Brenda E. Nelson 224 SE Hernando Avenue Lake City, FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 *Brenda E. Nelson* **Brenda E. Nelson** **1-9-03** **386-752-2011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)