

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90041 035 ***150.00

DOCUMENT # P00000017334

1. Entity Name
INTELLIMATICS INTERNATIONAL INCORPORATED

Principal Place of Business

ROUTE 4 BOX 2415
 MADISON FL 32340

Mailing Address

ROUTE 4 BOX 2415
 MADISON FL 32340

2. Principal Place of Business

312 S. WASHINGTON STREET

3. Mailing Address

P.O. BOX 706

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MADISON, FL

City & State

MADISON, FL

4. FEI Number

59-3661055

Applied For

Not Applicable

Zip

32340

Country

MADISON

Zip

32340

Country

MADISON

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

WEISNER, LARRY W
ROUTE 4 BOX 2415
MADISON FL 32340

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 **LARRY W. WEISNER, PRESIDENT**

Larry W Weisner

April 12, 2001

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WEISNER, LARRY W	P.O. BOX 644	MADISON FL 32341	<input type="checkbox"/>
VSD	WEISNER, WILLIAM D	P.O. BOX 13018	GAINESVILLE FL 32604	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **LARRY W. WEISNER, PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry W Weisner **April 12, 2001** **(850) 253-0275**
 Date Daytime Phone #

CR2E034 (10/00)