

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90127 029 \*\*\*150.00

DOCUMENT # P00000017334  
1. Entity Name  
INTELLIMATICS INTERNATIONAL INCORPORATED



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
201 RUTLEDGE STREET  
Suite, Apt. #, etc.  
SUITE 210  
City & State  
MADISON, FL  
Zip  
32340  
Country  
USA

3. Mailing Address  
P.O. BOX 706  
Suite, Apt. #, etc.  
City & State  
MADISON, FL  
Zip  
32340  
Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3661055  
Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent  
Name  
LARRY W. WEISNER  
Street Address (P.O. Box Number is Not Acceptable)  
ROUTE 4 BOX 2415  
City  
MADISON FL Zip Code  
32340

**DO NOT WRITE  
IN THIS SPACE**

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 *Larry W. Weisner* LARRY W. WEISNER, PRESIDENT APRIL 28, 2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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	PRESIDENT WEISNER, LARRY W. P.O. BOX 644 MADISON, FL 32341	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT WEISNER, WILLIAM D. P.O. BOX 13018 GAINESVILLE, FL 32604	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E034B (12/02)

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 *Larry W. Weisner* LARRY W. WEISNER, PRESIDENT 4-28-03 (850)253-0275  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #