

FILED

03 MAY 20 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031864

1. Entity Name
APPLIED INTELLIGENCE, INC.Principal Place of Business
7256 SOUTH MILITARY TRAIL
LAKE WORTH, FLMailing Address
7256 SOUTH MILITARY TRAIL
LAKE WORTH, FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0984910

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DYSON, KEVIN
7256 SOUTH MILITARY TRAIL
LAKE WORTH, FL

7. Name and Address of New Registered Agent

Name Alan P. Neese

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

18529 Lake Bend Drive

City Jupiter

FL

Zip Code 33458

8. The above named entity accepts 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

ALAN P. NEESE

4/28/03

FILE NOW WITH FEE IS \$150.00
After May 1, 2003 Fee will be \$950.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DYSON, KEVIN
STREET ADDRESS 7256 SOUTH MILITARY TRAIL
CITY-STATE-ZIP LAKE WORTH, FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
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CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 45 Saffras Street
STREET ADDRESS Mudjimba, QLD 4564, Australia
CITY-STATE-ZIP ☒ Change ☒ AdditionTITLE Treasurer/Director
NAME Russell A. Naisbitt
STREET ADDRESS 4506 Backenberry Cir., Friendswood,
CITY-STATE-ZIP TX 77546 ☐ Change ☒ AdditionTITLE Secretary/Director
NAME Alan P. Neese, 18529 Lake Bend Dr.,
CITY-STATE-ZIP Jupiter, FL 33458 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-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 registered employee authorized 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 to this address. I am duly authorized and empowered.

SIGNATURE:

ALAN P. NEESE 4/28/03 561 748-1014

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Filing Fee

CR2E034 (10/02)

21 5/23