2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90117 042 ***150.00

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1. Entity Name
DISTRIBUTED INTELLIGENCE SYSTEMS INCORPORATED

Principal Place of Business	Mailing Address
801 INTERNATIONAL PARKWAY 5TH FLOOR LAKE MARY FL 32746 US	801 INTERNATIONAL PARKWAY 5TH FLOOR LAKE MARY FL 32746 US

2. Principal Place of Business	3. Mailing Address
725 PRIMERA BOULEVARD	725 PRIMERA BOULEVARD
Suite, Apt. #, etc. SUITE 235	Suite, Apt. #, etc. SUITE 235
City & State LAKE MARY, FL	City & State LAKE MARY, FL
Zip / Country 32746 / USA	Zip / Country 32746 / USA

100044U0

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0496128 ☐ Applied For ☐ Not Applicable

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
SCHULZ, LOUISE A. 1557 JAGUAR CIRLCE APOPKA FL 32712	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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	P ANSELL, ANTHONY P. 28 HILLSIDE ROAD PENN HIGH LOYCOMBE UK	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANSELL, ANTHONY P. 12 SHEET STREET WINDSOR, SL4 1BG, UK	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHULZ, LOUISE A. 1557 JAGUAR CIRCLE APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JEPSON, SHAUN A. 281 HILLSIDE ROAD PENN HIGH LOYCOMBE UK	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JEPSON, SHAUN A. 12 SHEET STREET WINDSOR, SL4 1BG, UK	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWEETMAN, SALLY 281 HILLSIDE ROAD PENN HIGH LOYCOMBE UK	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWEETMAN, SALLY 12 SHEET STREET WINDSOR, SL4 1BG, UK	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/28/03 407-805-9405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #