## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 20, 2001 8:00 am DOCUMENT # P97000107723 **Secretary of State** 1. Entity Name INTELLIGENCE SERVICES CORPORATION 03-20-2001 90027 050 \*\*\*150.00 Mailing Address Principal Place of Business 224 DATURA STREET 224 DATURA STREET SUITE 315 SUITE 315 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0800174 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARNOLD-ROBERT J-Street Address (P.O. Box Number is Not Acceptable) 224 DATURA STREET SUITE 315 WEST PALM BEACH FL 33401 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.4 11. 12. P,S,T,D CR2E034 (10/00) M Change ☐ Addition ☐ Delete TITLE TITLE HALMOS, PETER HALMOS, PETER NAME NAME STREET ADDRESS 224 DATURA STREET SUITE 315 STREET ADDRESS 224 DATURA ST. #315 CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33401 WEST PALM BEACH, FL. 33401 VP, D Change Addition Delete TITLE TITLE ARNOLD, ROBERT ARNOLD, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 224 DATURA STREET SUITE 315 224 DATURA ST. #315 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 WEST PALM BEACH, FL. 33401 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 accurage 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 ruletee 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 that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurage 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 ruletee 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 than the corporation of the corporation or the receiver or ruletee empowered to execute this report as required by Chapter 607, Florida Statutes. 3/12/01 511-833- (300)