

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000002060

FILED
Jan 04, 2003
Secretary of State

Entity Name: INTELLIGENT PROJECTS, LLC.

Current Principal Place of Business:

28322 LINDENHURST DRIVE
WESLEY CHAPEL, FL 335442859 US

New Principal Place of Business:

Current Mailing Address:

28322 LINDENHURST DRIVE
WESLEY CHAPEL, FL 335442859 US

New Mailing Address:

FEI Number: 59-3739246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROMA, ROY D
28322 LINDENHURST DR.
WESLEY CHAPEL, FL 335442859 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ROMA, ROY D
Address: 28322 LINDENHURST DRIVE
City-St-Zip: WESLEY CHAPEL, FL 335442859 US

Title: MGRM () Delete
Name: ROMA, VICKI R
Address: 28322 LINDENHURST DRIVE
City-St-Zip: WESLEY CHAPEL, FL 335442859 US

Title: MGR () Delete
Name: SUCHMACHER, CHRISTOPHER T
Address: 3431 OAKWOOD DRIVE
City-St-Zip: ZEPHRILLS, FL 33543 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROY D> ROMA

MGRM

01/04/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date