

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90073 018 \*\*\*150.00

**DOCUMENT # F00000003313**

1. Entity Name  
**INTRANET SYSTEMS, INC.**

Principal Place of Business

**236 LAUREL STREET  
 BRIDGEWATER MA 02324**

Mailing Address

**236 LAUREL STREET  
 BRIDGEWATER MA 02324**

2. Principal Place of Business

**18614 Avenue Capri**

3. Mailing Address

**18614 Avenue Capri**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LOT 2, FL**

City & State

**LOT 2, FL**

4. FEI Number

**04-3237613**

Applied For  
 Not Applicable

Zip **33558**

Country **US**

Zip **33558**

Country **US**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODERICK, JOHN F  
 3301 BAYSHORE BLVD., STE 1702  
 TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name **RODERICK, JOHN F.**  
 Street Address (P.O. Box Number is Not Acceptable) **18614 AVENUE CAPRI**  
 City **LOT 2** State **FL** Zip Code **33558**

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 **John F. Roderick, PRESIDENT** DATE **4/30/2002**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | PCD                  | <input type="checkbox"/> Delete |
| NAME           | RODERICK, JOHN F     |                                 |
| STREET ADDRESS | 236 LAUREL STREET    |                                 |
| CITY-ST-ZIP    | BRIDGEWATER MA 02324 |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | PCD                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | RODERICK, JOHN F.  |  |
| STREET ADDRESS | 18614 AVENUE CAPRI |  |
| CITY-ST-ZIP    | LOT 2, FL 33558    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John F. Roderick** DATE **4/30/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)