

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90171 020 ***150.00

DOCUMENT # F40043

1. Entity Name
INTELLIGENT SENSORS, INC.

Principal Place of Business

**26 COUNTRY CLUB ROAD
 COCOA BEACH FL 32931**

Mailing Address

**26 COUNTRY CLUB ROAD
 COCOA BEACH FL 32931**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2111062

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BRYAN, AVRON
 26 COUNTRY CLUB ROAD
 COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**-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 D ☐ Delete
NAME MANNO, EUGENE
STREET ADDRESS 821 FOX LANE
CITY-ST-ZIP SAN JOSE CA

TITLE D ☐ Delete
NAME SHEA, THOMAS
STREET ADDRESS P.O. BOX 1240 N/A
CITY-ST-ZIP BODEGA BAY CA

TITLE SD ☐ Delete
NAME SHELDON, G. WILLIAM
STREET ADDRESS 2033 N MAIN ST #420
CITY-ST-ZIP WALNUT CREEK CA

TITLE PD ☐ Delete
NAME BRYAN, AVRON
STREET ADDRESS 26 COUNTRY CLUB ROAD
CITY-ST-ZIP COCOA BEACH FL

TITLE D ☐ Delete
NAME CUSHMAN, MICHAEL
STREET ADDRESS 28 PULPIT LANE
CITY-ST-ZIP KINGSFORD TN

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)