

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90089 019 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2111062**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

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. 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MANNO, EUGENE	
STREET ADDRESS	821 FOX LANE	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEA, THOMAS	
STREET ADDRESS	P.O. BOX 1240, N/A	
CITY-ST-ZIP	BODEGA BAY CA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHELDON, G. WILLIAM	
STREET ADDRESS	2033 N MAIN ST #420	
CITY-ST-ZIP	WALNUT CREEK CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRYAN, AVRON	
STREET ADDRESS	26 COUNTRY CLUB ROAD	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUSHMAN, MICHAEL	
STREET ADDRESS	28 PULPIT LANE	
CITY-ST-ZIP	KINGSPORT TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **AVRON BRYAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

3-4-03 (321) 799-0559

CR2E034 (10/02)