

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90856 040 \*\*\*158.75

**DOCUMENT # J41506**

1. Entity Name  
**INTELLON CORPORATION**



Principal Place of Business  
**5100 W SILVER SPRINGS BLVD  
OCALA FL 34482  
US**

Mailing Address  
**5100 W SILVER SPRINGS BLVD  
OCALA FL 34482  
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2744155**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, CHARLES E  
5100 SILVER SPRINGS BOULEVARD  
OCALA FL 34482**

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)

**2-28-2003**  
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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VANDER MEY, JAMES E.	
STREET ADDRESS	9501 N.W. HWY. 326	
CITY-ST-ZIP	OCALA FL	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	HARRIS, CHARLES E	
STREET ADDRESS	5100 W SILVER SPRINGS BLVD.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	V	<input type="checkbox"/> Delete
NAME	EARNshaw, WILLIAM	
STREET ADDRESS	48 NE 56TH TERRACE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, CAROLINE T	
STREET ADDRESS	3390 SE 22ND AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARR, BRYAN	
STREET ADDRESS	4322 SW 105 DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOLY, CHRISTIAN	
STREET ADDRESS	1400 GRETTEL LANE	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94040	

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yonge, Lawrence W III
STREET ADDRESS	8380 Juniper Rd
CITY-ST-ZIP	Ocala, FL 34480
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCaskill, Cameron
STREET ADDRESS	4061 SE 26th Ct Rd
CITY-ST-ZIP	Ocala, FL 34480
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beach, Brian C.
STREET ADDRESS	5100 W. Silver Springs Blvd
CITY-ST-ZIP	Ocala, FL 34482
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barker, Michael E
STREET ADDRESS	5100 W. Silver Springs Blvd
CITY-ST-ZIP	Ocala, FL 34482
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ketterson, Robert C Jr
STREET ADDRESS	5100 W. Silver Springs Blvd
CITY-ST-ZIP	Ocala, FL 34482
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:** *Carolyn T Davis* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/02 (352)237-7446**  
Date Daytime Phone #

CR2E034 (10/02)