

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K08908

1. Entity Name

INTELLINET, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90148 026 ***558.75

Principal Place of Business

2900 SO HORSESHOE DRIVE
NAPLES FL 34104
US

Mailing Address

2900 SO. HORSESHOE DRIVE
NAPLES FL 34104
US

A0079436



DO NOT WRITE IN THIS SPACE

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

59-2866264

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEILL, WILLIAM R
5551 RIDGEWOOD DR
STE. 302
NAPLES 33963

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	GUENTHER, RALPH J.	
STREET ADDRESS	235 WILDWOOD LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	RASMUSSEN, GLENN J.	
STREET ADDRESS	180 NAPA RIDGE RD. E.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RASMUSSEN, WILLIAM F	
STREET ADDRESS	219 COLONADE CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUPP, CRAIG T	
STREET ADDRESS	6200 CYPRESS HOLLOW WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AGNELLI, JOHN J	
STREET ADDRESS	373 BAY MEADOWS DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAM G. HENDRICKSON	
STREET ADDRESS	4301 GULF SHORE BLVD NORTH	
CITY-ST-ZIP	NAPLES FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM G. SCOTT	
STREET ADDRESS	3401 GULF SHORE BLVD. N2.	
CITY-ST-ZIP	NAPLES, FL. 34103	
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	ADD D/C	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

94-434-5888

Daytime Phone #

CR20034 15/000