

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K08908**

1. Entity Name
INTELLINET, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 NOV 15 PM 6:45

Principal Place of Business
**2900 SO HORSESHOE DRIVE
NAPLES FL 34104
US**

Mailing Address
**2900 SO. HORSESHOE DRIVE
NAPLES FL 34104
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

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 *William R. O'Neill*
Signature, typed or printed name of registered agent and title if applicable.

WILLIAM R. O'NEIL

DATE **11/15/01**

(NOTE: Registered Agent signature required when reinstating)

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GUENTHER, RALPH J.**
STREET ADDRESS **235 WILDWOOD LANE**
CITY-ST-ZIP **NAPLES FL**

☐ Change ☐ Addition
**700004703717--4
-12/04/01--01032--021
****750.00 ****750.00**

TITLE **D** ☐ Delete
NAME **SCOTT, WILLIAM G**
STREET ADDRESS **2401 GULF SHORE BLVD N**
CITY-ST-ZIP **NAPLES FL 34103**

☐ Change ☐ Addition
BR/29

TITLE **SD** ☐ Delete
NAME **HUPP, CRAIG T**
STREET ADDRESS **6200 CPYRESS HOLLOW WAY**
CITY-ST-ZIP **NAPLES FL**

☐ Change ☐ Addition

TITLE **PDC** ☐ Delete
NAME **WILLIAM G. HENDRICKSON**
STREET ADDRESS **4301 GULF SHORE BLVD NORTH**
CITY-ST-ZIP **NAPLES FL**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

William R. O'Neill
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)