2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000006381

1. Entity Name

INTELLITECH, LLC



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90048 044 ****50.00

Principal Place of Business Mailing Address Pook 38 COLDENSO NY WINTERPARK R, 2072 Policy State Policy & State	<u></u>					100	WE THUS						
Surfer, Apt. #, etc. Surfer, Apt. #, etc.	7111 WRENWOOD WAY			PO BOX 990			20007207						
City & State City & State Country Country Country Country Country Country Country S. Certificate of Status Desired S. 50.00 Additional Fee Required For Name and Address of Current Registered Agent Name Street Address (Po. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City FL Zip C	2. Principal F	Place of Busine	SS	3. Mailing Address									
Zip Country Zip Country S. Certificate of State Degree S.00 Additional Personal Pers	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
So National Address of Current Registered Agent HARRIS, CHRIST SO N. LAURA STREET SUITE 3900 JACKSONVILLE FL 32022 City FL City FL City FL Zip Code The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the decipality of registered agent, or both, in the State of Florida. I am familiar with, and accept the decipality of registered agent, or both, in the State of Florida. I am familiar with, and accept the decipality of registered agent, or both, in the State of Florida. I am familiar with, and accept the decipality of registered agent, or both, in the State of Florida. I am familiar with, and accept the decipality of registered agent, or both, in the State of Florida. I am familiar with, and accept the decipality of registered agent, or both, in the State of Florida. I am familiar with, and accept the decipality of registered agent, or both, in the State of Florida. I am familiar with, and accept the decipality of registered agent, or both, in the State of Florida. I am familiar with, and accept the decipality of registered agent, or both, in the State of Florida. I am familiar with, and accept the decipality of registered agent, or both, in the State of Florida. I am familiar with, and accept the decipality of registered agent, or both, in the State of Florida. I am familiar with, and accept the decipality of registered agent, or both, in the State of Florida. I am familiar with, and accept the decipality of registered agent, or both, in the State of Florida. I am familiar with, and accept the decipality of registered agent, or both, in the State of Florida Decipality of registered agent. Signature Agents of registered agent. S	City & Stat	le .		City & State				4. FEI Nur	nber 59-36510 2	<u>26</u>	J 	•	
Name				<u> </u>	try		5. Certifica	ate of Status Desired		\$5.00 A	dditional		
HARRIS, CHRIS T SO N. LURA STREET SUITE 3000 JACKSONVILLE FL 32202 City FL Zip Code	6. Name and Address of Current Registered Agent							7. Name a	nd Address of New F	legistered :	Agent		
SUITE 3900 JACKSONVILLE FL 32202 6. The abover named onlity withints statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept three obligations of registered agent, or both, in the State of Florida. I am famil	LIADDIC CUDIC T						Name						
ACKSONVILE FL 32202 City FL Zip Code City FL Z	50 1	N. LAURA ST	·	Street Address			P.O. Box Number is Not Acceptable)						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature			FL 32202			City					Zin Co	de	
SIGNATURE Signature Signa						,					<u>-</u> `		
Signature, hypotror protect name of registered agent and tiled tapolecable. (NOTE Registered Agent spontare housen exceptably) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS TITLE CEO PUGLIESE, JOHN W JR 7111 WRENWOOD WAY WINTERPARK FL 32792 TITLE NAME SIRRET ADDRESS CITY-ST-ZIP SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NA	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.												
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	11. I hereby ce	ertify that the in	formation supplied with t	this filing does not qualify for t			ted in Sect	tion 119 07/2	Vi) Florida Statutos I	further cost	ifu that the	nformation	

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.