

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED 05-02-2003 90578 008 ***55.00
SECRETARY OF STATE L02000017501
DIVISION OF CORPORATIONS

DOCUMENT # L02000017501

1. Entity Name
INTELLICENTER, LLC



03 AUG -4 AM 7:48

Principal Place of Business
1919 NE 45TH STREET, SUITE 222
FORT LAUDERDALE FL 33308

Mailing Address
~~1919 NE 45TH STREET, SUITE 222~~
~~FORT LAUDERDALE FL 33308~~
6278 N. Federal Hwy #314
Fort Lauderdale, FL 33308

2. Principal Place of Business

3. Mailing Address
6278 N. Federal Hwy
Suite, Apt. #, etc.
#314



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
Fort Lauderdale, FL

4. FEI Number
41-2051628

Applied For
Not Applicable

Zip Country

Zip Country
33308 USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEDBETTER, DEAN L.
1919 NE 45TH STREET, SUITE 222
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name William H. Ellis
Street Address (P.O. Box Number is Not Acceptable)
6278 N. Federal Hwy #314
City Fort Lauderdale FL Zip Code 33308

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

W.H. Ellis

(NOTE: Registered Agent signature required when reinstating)

4/12/03

DATE

FILE NOW!!! FEE IS \$50.00.....
Make Check Payable to Florida Department of State
Due By May 1, 2003

MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE Manager
NAME Dean Ledbetter
STREET ADDRESS 1919 NE 45th St. Suite 222
CITY-ST-ZIP Fort Lauderdale, FL 33308 ☒ Delete

TITLE Manager
NAME William H. Ellis
STREET ADDRESS 6278 N. Fed. Hwy #314
CITY-ST-ZIP Fort Lauderdale, FL 33308 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 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.

SIGNATURE:

William H. Ellis

4/28/03 305-357-6478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)