2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L61798

1. Entity Name

INTELLIGENT TRANSPORTATION SERVICES, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State
01-21-2000 90101 021 ***158.75

Principal Place of Business	Mailing Address
59 E. PINE ST ORLANDO FL US	P O BOX 915587 LONGWOOD FL 32791-5587 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
29 E. PINE ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State
Zip: 32801 Country: US	Zip Country

4. FEI Number 59-3003934 ☐ 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
MALONE, TIMOTHY W 59 E. PINE STREET ORLANDO FL	Name: MALONE TIMOTHY W Street Address (P.O. Box Number is Not Acceptable): 29 E PINE STREET ~~ORLANDO, FL~~ City: ORLANDO FL Zip Code: 32801

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] TIMOTHY W. MALONE PRESIDENT DATE 1/15/00

Signature, typed or printed name of registered agent and title if applicable. (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 $150.00
After MAY 1, 2000 Fee will be $550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP MALONE, TIMOTHY W. 905 BRANTLEY DR LONGWOOD FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MALONE, CLIFTON T. RR 2, BOX 359 MICANOPY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MALONE, CLIFTON T. 22780 N. US441 MICANOPY, FL 32667	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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] TIMOTHY W. MALONE PRESIDENT 1/15/00 407-872-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #