2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90028 026 ***158.75

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DOCUMENT # L61798

1. Entity Name
INTELLIGENT TRANSPORTATION SERVICES, INC.

Principal Place of Business	Mailing Address
29 E PINE ST ORLANDO FL 32801 US	P O BOX 915587 LONGWOOD FL 32791 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
29 W. CENTRAL BLVD.	
Suite, Apt. #, etc.: SUITE 280	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State
Zip: 32801 Country: USA	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 29 E PINE ST ORLANDO FL 32801	Name: TIMOTHY W. MALONE Street Address (P.O. Box Number is Not Acceptable): 29 W. CENTRAL BLVD, SUITE 280 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: _____ TIMOTHY W. MALONE PRESIDENT 3/08/01
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 $150.00
After MAY 1, 2001 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MALONE, CLIFTON T. 22780 N US 441 MICANOPY FL 32667	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ TIMOTHY W. MALONE PRESIDENT 3/08/01 407 872-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #