2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M77791**

1. Entity Name

REMOTE	INTELLIC	GENCE	SYSTEMS,	INC
	11111	4 E 4 C E	VIVIENIUS	11.40

Principal Place of Business	Mailing Address			
W VINCENT M. PARTSCH	% VINCENT M. PARTS			
799 GRAN PASEO DRIVE	799 GRAN PASEO DR			
COLLABOR FL 32825	ORLANDO FL 32825-7			

FILED Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90059 028 ***150.00

		A COLOR							
Principal Place of Business 5 VINCENT M. PARTSCH 39 GRAN PASEO DRIVE THE ACTION OF THE PRINCIPLE OF T		- ,	Mailing Address						
		% VINCENT M. PARTSCH 799 GRAN PASEO DRIVE ORLANDO FL 32825-7957			33076862				
							11111 11111 1	1811 91911 B191	1 4/6/1 1881
2. Principal P	ace of Business	3. Mailing Address			(
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City B Chart		City & State	Cia. 9 Casto		4. FEI Number 50.000100		Applied For		
City & State		Oity & State	City & State		4. FEI Number 59-2890199		Not Applicable		
Zip	Country	Zip	Country	-	5. 0	Certificate of Status Desired		8.75 Add	
	6. Name and Address of Curre	nt Registered Agent			7. N	lame and Address of New Regis	stered Ag	ent	
	<u> </u>		1	Name					
PARTSCH, VINCENT M. 799 GRAN PASEO DRIVE			Stı		(P.O. B	ox Number is Not Acceptable)			
	ANDO FL 32825	,							
			7	City			FL	Zip Code	9
8. The above	named entity submits this statemen	t for the purpose of changing its	registered of	office or registi	ered age	ent, or both, in the State of Florida	1.		
	•	,	•						
SIGNATURE .		*							
orantrirone.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	E: Registered Ag	gent signature require	red when re	instating)	DATE		
9. This corpo	oration is eligible to satisfy its Intangi	ble FILE NOW!	!! FEE IS	\$150.00		48 Floation Compaign Finance	ina	ee u	0
•	equirement and elects to do so.	After MAY 1, 20		•	1	 Election Campaign Finance Trust Fund Contribution. 	.""g		O May Be to Fees
(See criter	ria on back)	Make Check Payab	le to Depa	irtment of St	tate			,	
11.	OFFICERS AN	ND DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND [PECTOR	3 IN 11
TITLE	DCP	☐ Delete	TITLE	VE			I	☐ Change	Addition
NAME	PARTSCH, VINCENT M.		NAME			C. Leiter			
STREET ADDRESS	799 GRAN PASEO DRIVE		STREET A			romoka –			
CITY-ST-ZIP	ORLANDO FL		CITY-ST-	ZIP Or	lanc	lo, FL 32809			
TITLE	DVST	☐ Delete	TITLE					☐ Change	Addition
NAME	PARTSCH, DOROTHY A.		NAME						
STREET ADDRESS	799 GRAN PASEO DRIVE			ADDRESS					
CITY-ST-ZIP	ORLANDO FL		CITY-ST-	-ZIP					
TITLE	CPA	☐ Delete	TITLE					☐ Change	Addition Addition
NAME	EDWARDS, MARK		NAME	{					
	1851 MIZELL AVE		STREET A	ADDRESS 71P					
CITY-ST-ZIP	WINTER PARK FL 32789		_	-211					
TITLE		☐ Delete	TITLE					Change	Addition Addition
NAME			NAME STROCT A	Innacee					
STREET ADDRESS CITY-ST-ZIP			CITY-ST	ADDRESS -ZIP					
	<u> </u>						 -	Change	Addition
TITLE .		☐ Delete	. TITLE NAME	Ì				T) cuande	Augilloi
NAME			STREET A	ADDRESS					
STREET ADDRESS CITY-ST-ZIP	}		CITY-ST						
	 							Change	Addition
TITLE		Delete	NAME ,	j				∵ ∩ıaıığe	
NAME				ADDRESS					
STREET ADDRESS	l		CITY-ST	1					

13. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/14/00

Date

407-282-1854

Daytime Phone #