

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90127 029 \*\*\*150.00

DOCUMENT # P00000017334

1. Entity Name

INTELLIMATICS INTERNATIONAL INCORPORATED



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

201 RUTLEDGE STREET

3. Mailing Address

P.O. BOX 706

Suite, Apt. #, etc.

SUITE 210

Suite, Apt. #, etc.

City & State

MADISON, FL

City & State

MADISON, FL

4. FEI Number

59-3661055

Applied For

Not Applicable

Zip

32340

Country

USA

Zip

32340

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name LARRY W. WEISNER

Street Address (P.O. Box Number is Not Acceptable)  
ROUTE 4 BOX 2415

City

MADISON

FL

Zip Code

32340

**DO NOT WRITE  
IN THIS SPACE**

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

*Larry W. Weisner* LARRY W. WEISNER, PRESIDENT

APRIL 28, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
WEISNER, LARRY W.  
P.O. BOX 644  
MADISON, FL 32341

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
WEISNER, WILLIAM D.  
P.O. BOX 13018  
GAINESVILLE, FL 32604

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE

*Larry W. Weisner* LARRY W. WEISNER, PRESIDENT 4-28-03 (850)253-0275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)