

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90365 019 ***150.00

DOCUMENT # P00000043896

1. Entity Name
INTUITIVE PATHWAYS, INC.

Principal Place of Business
WELLINGTON EAST APT. #212
WEST PALM BEACH FL 33417

Mailing Address
WELLINGTON EAST APT. #212
WEST PALM BEACH FL 33417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
212 Wellington E
 Suite, Apt. #, etc.

3. Mailing Address
212 Wellington E
 Suite, Apt. #, etc.

City & State
WPB FL

City & State
WPB FL

4. FEI Number
65 100 8 747

Applied For
 Not Applicable

Zip
33417

Country
Palm Beach

Zip
33417

Country
Palm Beach

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

BRESSLER, LAUREN
WELLINGTON EAST APT. #212
WEST PALM BEACH FL 33417

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 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	D BRESSLER, LAUREN WELLINGTON EAST APT. #212 WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Lauren C Bressler 4/24/01 561 6843077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)