

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000062221

FILED  
Mar 03, 2002 8:00 AM  
Secretary of State

**Entity Name:** INTELLECT CONNECT CONSULTING, INC.

## Current Principal Place of Business:

16150 ROYETTE RD  
RIVERVIEW, FL 33569

## New Principal Place of Business:

4312 BELL SHOALS ROAD  
LITHIA, FL 33594

## Current Mailing Address:

POST OFFICE BOX 2742  
RIVERVIEW, FL 33568

## New Mailing Address:

FEI Number: 59-3658204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KNIGHT, LYNN M  
6412 1/2 HIGHWAY 301 SOUTH  
RIVERVIEW, FL 33569

## Name and Address of New Registered Agent:

KNIGHT, LYNN M  
4312 BELL SHOALS ROAD  
LITHIA, FL 33594

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:

03/03/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCOTT, CAROLYN  
Address: 15105 CARLTON LAKE ROAD  
City-St-Zip: LITHIA, FL 33547

Title: D ( ) Delete  
Name: KNIGHT, LYNN M  
Address: 16150 BOYETTE ROAD  
City-St-Zip: RIVERVIEW, FL 33569

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SCOTT, CAROLYN  
Address: 13805 SKY MEADOWS LANE  
City-St-Zip: LITHIA, FL 33547

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN SCOTT

P

03/03/2002

Electronic Signature of Signing Officer or Director

Date