5/24/2002-91336-0

FILED
Jul 15, 2002 8:00 am
Secretary of State
05-24-2002 91336 001 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000074106

1. Entry Name

Intellicreate, Inc.

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97175

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2. Principal Place of Business	3. Mailing Address
5475 Enclave Crossing Way	Same
Suite, Apt. #, etc. Apt T5	Suite, Apt. #, etc.
City & State Delray Beach, Florida	City & State
Zip 33484 Country USA	Zip Country

4. FEI Number 65-1061662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Myra Joi Whitmore

Street Address (P.O. Box Number Is Not Acceptable): 5475 Enclave Crossing Way Apt T5

City: Delray Beach FL Zip: 33484

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: X [signature] 7-8-2
(Signature, typed or printed name of registered agent and title if applicable.) (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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE:	President
NAME	Myra Joi Whitmore
STREET ADDRESS	5475 Enclave Crossing Way Apt T5
CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	Vice President
NAME	Beth Greger
STREET ADDRESS	2291 Linton Ridge Circle B5
CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Myra Joi Whitmore [signature] 9-30-02 561-499-1595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #