

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 08:00 AM  
Secretary of State

DOCUMENT # P00000106431

1. Entity Name  
INTELLITEC CONSULTING INC.

Principal Place of Business  
P O BOX 822270  
PEMBROKE PINES FL 33082

Mailing Address  
P O BOX 822270  
PEMBROKE PINES FL 33082

2. Principal Place of Business  
P O BOX 822270

3. Mailing Address

Suite, Apt. #, etc.

City & State  
PEMBROKE PINES FL

City & State

Zip Country  
33082

Zip Country

4. FEI Number  
65-1085747

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

KRUTCHIR JON  
1560 SW 164 AVE  
PEMBROKE PINES FL 33027 US

## 7. Name and Address of New Registered Agent

Name  
KRUTCHIK JON

Street Address (P.O. Box Number is Not Acceptable)  
12233 SW 55 STREET

811

City  
COOPER CITY FL Zip Code  
33330

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 JON KRUTCHIK

04/20/2001

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

TITLE D ☐ Delete  
NAME KRUTCHIR JON  
STREET ADDRESS P O BOX 822270  
CITY-ST-ZIP PEMBROKE PINES FL 33082

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME KRUTCHIK JON  
STREET ADDRESS P O BOX 822270  
CITY-ST-ZIP PEMBROKE PINES FL 33082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: JON KRUTCHIK

D

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)