

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90267 010 ***150.00

DOCUMENT # P01000029264

1. Entity Name
INTELLICATALOG, INC.



Principal Place of Business
**9015 30TH ST EAST
PARRISH FL 34219**

Mailing Address
**9015 30TH ST EAST
PARRISH FL 34219**



2. Principal Place of Business

3. Mailing Address

1747 Augustine Pl
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

4. FEI Number **58-2461253**

Applied For

Not Applicable

Zip **32301**

Country **USA**

Zip

Country

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

**PAHNKE, DAN
9015 30TH ST EAST
PARRISH FL 34219**

Name **DAN PAHNKE**

Street Address (P.O. Box Number is Not Acceptable)
1747 Augustine Pl

City **Tallahassee**

FL

Zip Code **32301**

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 **Daniel K Pahnke**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PRES BRIDGES, JAMES E**
STREET ADDRESS **106 CHICASAW RUN**
CITY-ST-ZIP **WOODSTOCK GA 30188**

TITLE ☒ Change ☐ Addition
NAME **304 Park Avenue**
STREET ADDRESS **LaGrange, GA 30240**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SECR PAHNKE, DANIEL K**
STREET ADDRESS **9015 30TH ST EAST**
CITY-ST-ZIP **PARRISH FL 34219**

TITLE ☒ Change ☐ Addition
NAME **1747 Augustine Pl**
STREET ADDRESS **Tallahassee FL 32301**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/03

Daytime Phone #

850-942-2102

CR2E034 (10/02)