

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91405 023 ***150.00

DOCUMENT # P01000044674

1. Entity Name

INTUITIVE SOLUTIONS INTERNATIONAL INC

Principal Place of Business

**695 BARCELONA CT
 SATELLITE BEACH FL 32937**

Mailing Address

**695 BARCELONA CT
 SATELLITE BEACH FL 32937**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1127 S. Patrick Drive

Suite, Apt. #, etc.

Suite 28

City & State

Satellite Beach, FL

Zip

32937

Country

USA

3. Mailing Address

1127 S. Patrick Drive

Suite, Apt. #, etc.

Suite 28

City & State

Satellite Beach, FL

Zip

32937

Country

USA

4. FEL Number

59-3716171

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRACEWELL, ROB

695 BARCELONA CT

SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

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]

Rob BRACEWELL

17 MAR 02

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

(NOTE: Registered Agent signature required when relistating)

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, 2002 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 **DP** ☐ Delete
 NAME **BRACEWELL, ROB**
 STREET ADDRESS **695 BARCELONA CT**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **D** ☒ Delete
 NAME **BRACEWELL, BETSY**
 STREET ADDRESS **695 BARCELONA CT**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

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 **DIRECTOR** ☐ Change ☒ Addition
 NAME **RETSKE, GENE**
 STREET ADDRESS **7455 BRADWICK WAY**
 CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **HENDRICKSON, JIM**
 STREET ADDRESS **6266 BRAIDWORTH RUN**
 CITY-ST-ZIP **ACWORTH, GA 30101**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

[Signature] **Rob BRACEWELL**

17 MAR 02 321 777 9877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0120346 AV

CR2E034 (9/01)