

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90743 044 ***150.00

003990 AV

DOCUMENT # P02000052709

1. Entity Name
INTELLAQ CORPORATION



Principal Place of Business
**13958 LYNMAR BOULEVARD
TAMPA FL 33626**

Mailing Address
**13958 LYNMAR BOULEVARD
TAMPA FL 33626**

2. Principal Place of Business
13976 Lynmar Blvd
Suite, Apt. #, etc.

3. Mailing Address
13976 Lynmar Blvd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL
Zip
33626 Country
USA

City & State
Tampa FL
Zip
33626 Country
USA

4. FEI Number **04-3659834** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOEWEY, TIMOTHY
13958 LYNMAR BOULEVARD
TAMPA FL 33626**

7. Name and Address of New Registered Agent

Name
Scott A. Gostyla
Street Address (P.O. Box Number is Not Acceptable)
13976 Lynmar Blvd
City
Tampa FL Zip Code
33626

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 DATE **4-11-03**
(NOTE: Registered Agent signature required when reinstating)

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott A. Gostyla	
STREET ADDRESS	13976 Lynmar Blvd	
CITY-ST-ZIP	Tampa, FL 33626	
TITLE	Director, Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan L. Mabes	
STREET ADDRESS	13976 Lynmar Blvd	
CITY-ST-ZIP	Tampa, FL 33626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Scott Gostyla 4/11/03

813-814-2345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)