

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000105596

FILED
Jan 15, 2003
Secretary of State

Entity Name: INTRALINX DESIGN GROUP, INC.

Current Principal Place of Business:

297 N.E. 6TH AVENUE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

297 N.E. 6TH AVENUE
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 02-0647979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONAS, HAROLD M
297 N.E. 6TH AVENUE
DELRAY BEACH, FL 33483

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUSCO, NICHOLAS
Address: 3629 CHESAPEAKE COURT
City-St-Zip: WELLINGTON, FL 33414

Title: PD () Delete
Name: JONAS, HAROLD M
Address: 1079 N.W. 7TH ST.
City-St-Zip: BOCA RATON, FL 33486

Title: TD () Delete
Name: FULLER, ADAM
Address: 729 S.E. 2ND AVE.
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD () Delete
Name: JONAS, JONATHAN
Address: 564006 ARBOR CLUB WAY
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: JONAS, HAROLD M
Address: 125 NORTH DIXIE BLVD
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD JONAS

PD

01/15/2003

Electronic Signature of Signing Officer or Director

Date