

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P29595**

1. Entity Name
INTELLIKEY CORPORATION

FILED

01 OCT -1 PM 3:26

Principal Place of Business

**551 S. APOLLO BLVD.
SUITE 204
MELBOURNE FL 32901**

Mailing Address

**551 S. APOLLO BLVD.
SUITE 204
MELBOURNE FL 32901**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2959640**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGLOIN, DAVID
551 S. APOLO BLVD
SUITE 204
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **Pino G. Baldassarre**

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

Pino Baldassarre VP

9/24/01

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	PROCTOR, DONALD	
STREET ADDRESS	551 S. APOLLO BLVD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOLZ, WERNER	
STREET ADDRESS	551 S. APOLLO BLVD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WEBER, ESTHER	
STREET ADDRESS	551 S. APOLLO BLVD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	MCGLOIN, DAVID	
STREET ADDRESS	551 S. APOLLO BLVD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BALDASSARRE, PINO	
STREET ADDRESS	551 S. APOLLO BLVD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POWELL, KYLE E	
STREET ADDRESS	551 S APOLLO BLVD SUITE 204	
CITY-ST-ZIP	MELBOURNE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Singh Chhatwal	
STREET ADDRESS	551 S. Apollo Blvd.	
CITY-ST-ZIP	Melbourne FL 32901	
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		

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******750.00 ****750.00**
☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)