

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91529 033 ***150.00

DOCUMENT # P94000045495

1. Entity Name

INTELLINET TECHNOLOGIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1990 W. NEW HAVEN AVE.
#312
MELBOURNE FL 32904
US

Mailing Address
1990 W. NEW HAVEN AVE.
#312
MELBOURNE FL 32904
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1617293**
 Applied For
 Not Applicable

Zip Country

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

GHOSAL, ANJAN
481 SPRINGLAKE DRIVE
MELBOURNE FL 32940

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, typed or printed name of registered agent and title if applicable. (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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GHOSAL, ANJAN**
 STREET ADDRESS **481 SPRINGLAKE DRIVE**
 CITY-ST-ZIP **MELBOURNE FL 32940**

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

TITLE **VP** ☒ Delete
 NAME **MIERS, MITCH**
 STREET ADDRESS **735 PUESTA DEL SOL**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Reena Ghosal**
 CITY-ST-ZIP **481 Springlake Drive**
Melbourne, FL 32940

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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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 REQUIRED
Anjan Ghosal

MAY 1 - 2002

321 726 0686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



Division of Corporations

435067

Receipt

P94000045495

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

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The charge for your UBR is
\$150.00

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To proceed to pay for the UBR, press the CONTINUE button below.

By pressing the CONTINUE button, your UBR will be placed in processing and no additional UBRs may be filed for this corporation until this one is processed.

Continue

Sunbiz Home Page

Public Access Help

This did not go through on 5/1/2002. ^A