

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076288

1. Entity Name

INTELLIGENT NETWORK CONCEPTS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90289 042 ***150.00

Principal Place of Business

Mailing Address

PRUDENTIAL DR
A
JACKSONVILLE FL 32207

1506 PRUDENTIAL DR
SUITE A
JACKSONVILLE FL 32207-8134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BRYAN, C
1506 PRUDENTIAL DRIVE
#A
JACKSONVILLE FL 32207

4. FEI Number

59-3329370

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

A.P. FERRAZ

Street Address (P.O. Box Number is Not Acceptable)

1506 PRUDENTIAL DR.

City

JACKSONVILLE FL

FL

Zip Code
32207

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

Anna Paula Ferraz Pro

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/22/00

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	BRYAN, CHARLES M	1506 PRUDENTIAL DRIVE, SUITE A	JACKSONVILLE FL 32207	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME<td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td></td>	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME<td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td></td>	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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:

Charles M. Bryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 22, 2000

Date

813-390-8817

Daytime Phone #

CR2E034 (9/99)