2002 UNIFORM BUSINESS REPORT (UBR

FILED Apr 11, 2002 8:00 am Secretary of State

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DOCUMENT # P95000070827 1. Entity Name							-11-2002 9	-			
INTELEC	CARD RESOURCES, INC.	<u>\</u>			•						
Principal Plac	e of Business										
24 N. SWINT	ON AVE			}							
DELRAY BEACH FL 33444 DELRAY BEACH FL 33444			144								
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2. Principal P	3. Mailing Address	aning Address			1 (64(169) 179	(9(8) \$555 \$436 \$80	() \$810 BRIN 18	B2(98181 181	IB 11810 IBB1 1981		
Suite, Apt.	Suite, Apt. #, etc.	, Apt. #, etc.				DO NOT WRITE	IN THIS SPA	ACE			
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City & Stat	e .	City & State			4. F	El Number	65-0606756	•		ot Applicable	
Zip Country		Zip Coun		itry			~~~	œ.			1
			<u> </u>	· · · · · ·	5. 6	Certificate of Sta	tus Desired		e Require		
	6, Name and Address of Current F	Registered Agent		Name	7. N	lame and Addr	ess of New Re	gistered Ag	ent		
IOCEDIA	NIOV.			Name			<u></u>				
JOSEPH,	, ninn TH Swinton Ave		Street Ad	dress (P.O. B	ox Number is N	ot Acceptable)					
DELRAY BEACH FL 33444				<u> </u>							1
PEG 911	DETAILLE GOTTI			City					Zip Coo	le .	{ ·
				<u> </u>				FL			1
8. The above	named entity submits this statement for	the purpose of changing it	s register	ed office or t	registered age	ent, or both, in t	he State of Flori	ida.		•	
						2	125/0	2			Į
SIGNATURE .	Signature, typed or printed nume of registered agent at	nd title if applicable. (NO	TE: Registers	d Agent signatur	e required when re	Inesating)	//	DATE			
9. This cospo	pration is eligible to satisfy its Intangible	FILE NOW	III FEE	IS \$150.0	0	40 Classica	Compoint Figure	naina	65.0		1
	requirement and elects to do so.		will be \$55			Campaign Final d Contribution.		33.U Addex	May Be		
	ria on back)	Make Chack Paya		partment	1				050500		
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NAME	JOSEPH, KIRK		NAM								<u>6</u>
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CITY-ST-ZIP	<u> </u>			ST-ZIP							
13. I hereby of indicated	ertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustes empoy	his filing does not qualify for rue and accurate and that i	r the exer ny signat	nption state ure shall hav	d in Section 1 ve the same le	19.07(3)(i), Flori gal effect as if i	da Statutes. I fu nade under oat	irther certify: h, that I am a	that the in an officer	formation or director	
of the corp changed.	poration or the receiver a trustee empoy or on an attachment with an adoless, wi	verectvo execute this report th all other like empowered	as requir	ed by Chap	ter 607, Florid	a Statules; and	that my name a	appears in Bl مر مرسسے	ock 11 or	Block 12 if	
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SIGNAT	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER	OR DIRECT	OR		-	10 /0 2	0730 Dovin	2 Proper	00 /10	