

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096228

1. Entity Name
INTELLIFORM CORPORATION



FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90062 002 ***150.00

0019721 AV

Principal Place of Business
555 W. GRANADA BLVD.
SUITE B8
ORMOND BEACH FL 32174

Mailing Address
3 BARCELONA TRAIL
ORMOND BEACH FL 32174



2. Principal Place of Business

3. Mailing Address

555 W. Granada Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B8

City & State

City & State

Ormond Beach, FL

Zip

Country

Zip

32174

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3355991

Applied For

Not Applicable

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

MORRISON, WILLIAM T III
3 BARCELONA TRAIL
ORMOND BEACH FL 32174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM T. MORRISON, III 3 BARCELONA TRAIL ORMOND BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRISON, CANDACE D 3 BARCELONA TRAIL ORMOND BEACH FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William T. Morrison

4 June 2003

Date

386 673 0409

Daytime Phone #

CR2E034 (10/02)