2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2001 8:00 am Secretary of State DOCUMENT # P96000023082 INTELITECH COMPUTER SERVICES INCORPORATED 02-20-2001 90018 034 ***150.00 Principal Place of Business Mailing Address 3107 WINDLASS COURT 3107 WINDLASS COURT **TAMPA FL 33607** TAMPA FL 33607 HS US 2. Principal Place of Business 3. Mailing Address 1710 Ave. Republica de cuba 1710 Ave. Republica de cuba Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FE! Number 59-3367118 City & State Not Applicable Amos umpa Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KNAPP, THOMAS H 3107 WINDLASS COURT 102 Berea Drive TAMPA FL 33607 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Delete TITLE RUPERT KNAPP, TAI MASON NAME NAME TIKINGOD COURT 5504 18TH STREET WEST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-7IP CITY-ST-ZIP RIVERVIEW, FL. 33569 Addition : ☐ Change Delete TITLE TITLE Anthony Newlin 909 Country Club Dc. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP **X** Addition Change ☐ Delete TITLE TITLE Tony Denisco NAME NAME 624 Brookdale Way STREET ADDRESS STREET ADDRESS Tamog, FL 33605 CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: homas