

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90031 036 ***150.00

0455160 AV

DOCUMENT # P96000027222

1. Entity Name
INTELLIGENT SYSTEMS SOFTWARE, INC.

Principal Place of Business
311 PARK PLACE BLVD.
SUITE 240
CLEARWATER FL 33759

Mailing Address
311 PARK PLACE BLVD.
SUITE 240
CLEARWATER FL 33759



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6405 CONGRESS AVE.

Suite, Apt. #, etc.
SUITE 140

City & State
BOCA RATON, FL

Zip **33487** **Country** **PAIM BEACH**

3. Mailing Address
6405 CONGRESS AVE

Suite, Apt. #, etc.
SUITE 140

City & State
BOCA RATON, FL

Zip **33487** **Country** **PAIM BEACH**

4. FEI Number **59-3375482**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SALLAM, MAHA Y
311 PARK PLACE BLVD SUITE 240
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name **GREGORY J. STEPIC**
Street Address (P.O. Box Number is Not Acceptable)
6405 CONGRESS AVE.
City **BOCA RATON** **FL** **Zip Code** **33487**

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 **GREGORY J. STEPIC, VICE PRESIDENT & CFO** **1/15/02**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **SPEYER, W. KIP**
STREET ADDRESS **311 PARK PLACE BLVD SUITE 240**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **D** ☐ **Delete**
NAME **SALLAM, MAHA Y**
STREET ADDRESS **311 PARK PLACE BLVD STE 240**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **D** ☐ **Delete**
NAME **WOODS, KEVIN S**
STREET ADDRESS **311 PARK PL BLVD STE 240**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **SPEYER, W. KIP**
STREET ADDRESS **6405 CONGRESS AVE.**
CITY-ST-ZIP **BOCA RATON, FL 33487**

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

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

TITLE ☐ **Change** ☒ **Addition**
NAME **VICE PRESIDENT**
STREET ADDRESS **GREGORY J. STEPIC**
CITY-ST-ZIP **6405 CONGRESS AVE. BOCA RATON, FL 33487**

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY J. STEPIC VP & CFO

1/15/02 **561-**

Daytime Phone #

CR2E034 (9/01)