

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90335 028 \*\*\*150.00

**DOCUMENT # P96000035020**

1. Entity Name  
**INTUITION SYSTEMS, INC.**

Principal Place of Business  
**6420 SOUTHPOINT PARKWAY  
 JACKSONVILLE FL 32216**

Mailing Address  
**6420 SOUTHPOINT PKWY.  
 ATTN: BARRY HENRY  
 JACKSONVILLE FL 32216**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6430 SOUTHPOINT PARKWAY</b> Suite, Apt. #, etc. <b>SUITE 140, 40 BARRY HENRY</b>		3. Mailing Address <b>6430 SOUTHPOINT PARKWAY</b> Suite, Apt. #, etc. <b>SUITE 140, 40 BARRY HENRY</b>	
City & State <b>JACKSONVILLE, FL</b>		City & State <b>JACKSONVILLE, FL</b>	
Zip <b>32216</b>	Country <b>USA</b>	Zip <b>32216</b>	Country <b>USA</b>

4. FEI Number <b>42-1104815</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HENRY, BARRY K                  INTUITION SYSTEMS INC.                  6420 SOUTHPOINT PKWY.                  JACKSONVILLE FL 32216</b>		7. Name and Address of New Registered Agent Name <b>HENRY, BARRY K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6430 SOUTHPOINT PARKWAY, SUITE 140</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32216</b>	
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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 *Barry K. Henry* **Barry K. Henry** 3/19/02  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRAHAM, DAVID G</b> <b>6420 SOUTHPOINT PARKWAY</b> <b>JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRAHAM, DAVID G.</b> <b>6430 SOUTHPOINT PARKWAY, SUITE 140</b> <b>JACKSONVILLE, FL 32216</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLLIER, CLAUDE</b> <b>6420 SOUTHPOINT PARKWAY</b> <b>JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLLIER, CLAUDE</b> <b>6430 SOUTHPOINT PARKWAY, SUITE 140</b> <b>JACKSONVILLE, FL 32216</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SETTLES, STEVEN R</b> <b>6420 SOUTHPOINT PARKWAY</b> <b>JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SETTLES, STEVEN R.</b> <b>6430 SOUTHPOINT PARKWAY, SUITE 140</b> <b>JACKSONVILLE, FL 32216</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENRY, BARRY K</b> <b>6420 SOUTHPOINT PARKWAY</b> <b>JACKSONVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENRY, BARRY K.</b> <b>6430 SOUTHPOINT PARKWAY</b> <b>JACKSONVILLE, FL 32216</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barry K. Henry* **Barry K. Henry** 3/19/02 904-281-4259  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0027481 AV

CR2E034 (9/01)