

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077300

1. Entity Name

INTELLISELLING SOLUTIONS, INC.

FILED

Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90004 017 ***550.00

Principal Place of Business

128 WINDWARD WAY
INDIAN HARBOUR BEACH FL 32937
US

Mailing Address

PO BOX 3204
MELBOURNE FL 32902-3204
US

00082984



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2015 Rockledge Dr.
Suite, Apt. #, etc.

3. Mailing Address

2015 Rockledge Dr.
Suite, Apt. #, etc.

City & State
Rockledge, FL

Zip
32935

Country
USA

City & State
Rockledge, FL

Zip
32955

Country
USA

4. FEI Number 59-3408855

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POLLARD, E D III
128 WINDWARD WAY
INDIAN HARBOUR BEACH FL 32937

7. Name and Address of New Registered Agent

Name
E. D. Pollard
Street Address (P.O. Box Number is Not Acceptable)
2015 Rockledge Dr.
City
Rockledge FL Zip Code
32955

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
E. D. Pollard

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

(NOTE: Registered Agent signature required when reinstating)

8/28/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLARD, E D III 128 WINDWARD WAY INDIAN HARBOUR BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	POLLARD, E D III POLLARD, E D III 2015 Rockledge Dr. Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: E. D. Pollard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00 321-258-0083
Date Daytime Phone #

CR2E034 (5/00)