

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90681 019 \*\*\*150.00

**DOCUMENT # P97000079204**

1. Entity Name

**THE CENTRE FOR OPERATIONAL BUSINESS INTELLIGENCE  
, INCORPORATED**

Principal Place of Business

**1133 4TH ST., STE. 200  
SARASOTA FL 34236**

Mailing Address

**919 WILLOWBROOK DR.  
SUITE B  
HUNTSVILLE AL 35802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0792406**

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

**WILLIAM E. DEGENARO**

**1133 4TH STREET, SUITE 200  
SARASOTA FL 34236**

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.

SIGNATURE

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
DEGENARO, WILLIAM E.  
1133 4TH STREET, SUITE 200  
SARASOTA FL 34236** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
NOLAN, JOHN A III  
919 WILLOWBROOK DR., STE B  
HUNTSVILLE AL 35802** ☐ Delete

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

TITLE  
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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ 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: WILLIAM E. DEGENARO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 May 2002

Date

256.883.8099

Daytime Phone #

CR2E034 (9/01)

Attachment  
**Speth Accounting**

919 Willowbrook Drive, Suite B  
Huntsville, Alabama 35802  
256-882-6565  
FAX 256-881-1995

436732

#P97000079204

May 16, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs,

I am the accountant for The Centre for Operational Business Intelligence, Incorporated and am thereby responsible for the timely filing of this report.

I had the mistaken due date of this report as May 31, 2002. When I pulled the report out today to process, so as to reach you by the due date, I realized my error.

I request, if possible, that the \$400.00 addition be waived this one time only. If this is not possible, please let us know.

Sincerely,



Theo Jed Speth