

2002 UNIFORM BUSINESS REPORT (UBR)

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

0349241 AV

DOCUMENT # P97000107723

1. Entity Name
INTELLIGENCE SERVICES CORPORATION

03-31-2002 90054 048 ***150.00

Principal Place of Business 224 DATURA STREET SUITE 315 WEST PALM BEACH FL 33401	Mailing Address 224 DATURA STREET SUITE 315 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 215 S. OLIVE AVE. Suite, Apt. #, etc. STE #200	3. Mailing Address 5725 CORPORATE WAY Suite, Apt. #, etc. STE #101
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City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
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4. FEI Number 65-0800174	Applied For <input type="checkbox"/> Not Applicable
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Zip 33401	Country PB	Zip 33407	Country PB
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ARNOLD, ROBERT J
224 DATURA STREET SUITE 315
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name
ARNOLD, ROBERT
 Street Address (P.O. Box Number is Not Acceptable)
215 S. OLIVE AVE. STE #200
 City
WEST PALM BEACH **FL** Zip Code
33401

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

DATE **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)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HALMOS, PETER <input type="checkbox"/> Delete 224 DATURA STREET SUITE 315 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARNOLD, ROBERT <input type="checkbox"/> Delete 224 DATURA STREET SUITE 315 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	PSTD HALMOS, PETER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 215 S. OLIVE AVE STE #200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARNOLD, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 215 S. OLIVE AVE: STE #200 WEST PALM BEACH, FL 33401
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 any other like empowered.

SIGNATURE: **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/19/02**

Daytime Phone #

CR2E034 (9/01)