

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-31-2002 90361 033 ***150.00

DOCUMENT # P97000108526

1. Entity Name
INTUITION SOLUTIONS, INC.

Principal Place of Business
6420 SOUTHPOINT PARKWAY
ATTN BARRY HENRY
JACKSONVILLE FL 32216

Mailing Address
6420 SOUTHPOINT PARKWAY
ATTN BARRY HENRY
JACKSONVILLE FL 32216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6430 SOUTHPOINT PARKWAY
 Suite, Apt. #, etc.
SUITE 140

3. Mailing Address
6430 SOUTHPOINT PARKWAY
 Suite, Apt. #, etc.
SUITE 140, C/O BARRY HENRY

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-3474149

Applied For
 Not Applicable

Zip
32216

Country
USA

Zip
32216

Country
USA

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

6. Name and Address of Current Registered Agent

HENRY, BARRY
6420 SOUTHPOINT PARKWAY
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
HENRY, BARRY K.
 Street Address (P.O. Box Number is Not Acceptable)
6430 SOUTHPOINT PARKWAY, SUITE 140
 City
JACKSONVILLE FL Zip Code
32216

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) ☐

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 PRESIDENT	D GRAHAM, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS 6420 SOUTHPOINT PARKWAY		
CITY-ST-ZIP JACKSONVILLE FL 32216		
TITLE NAME	D COLLIER, CLAUDE JR.	<input type="checkbox"/> Delete
STREET ADDRESS 6420 SOUTHPOINT PARKWAY		
CITY-ST-ZIP JACKSONVILLE FL 32216		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D GRAHAM, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6430 SOUTHPOINT PARKWAY, SUITE 140		
CITY-ST-ZIP JACKSONVILLE, FL 32216		
TITLE NAME	D COLLIER, CLAUDE JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6430 SOUTHPOINT PARKWAY, SUITE 140		
CITY-ST-ZIP JACKSONVILLE, FL 32216		
TITLE NAME	PRESIDENT HENRY, BARRY K.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6430 SOUTHPOINT PARKWAY		
CITY-ST-ZIP JACKSONVILLE, FL 32216		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Barry K. Henry* **Barry K. Henry, Pres.** **3/19/02** **904-281-4259**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034(9/01)