

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 06, 2000 8:00 am**  
**Secretary of State**

07-06-2000 90008 023 \*\*\*150.00

00001152

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P98000001523**  
 1. Entity Name **Intuitive Solutions, Inc.**

Principal Place of Business Mailing Address **Same**  
**18781 SW 294 Terrace**  
**Homestead, FL 33030-2303**

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 **65-0803970**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**John Cullen, CPA**  
**7411 Miami Lakes Drive**  
**Miami Lakes, FL 33014**

7. Name and Address of New Registered Agent  
 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, 2000 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 ☐ Delete  
 NAME **PRESIDENT**  
 STREET ADDRESS **PAM ST. JOHN**  
 CITY-ST-ZIP **18781 SW 294 TERRACE**  
**HOMESTEAD, FL 33030-2303**  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 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: **Pam St. John (Pam St. John)** **6/27/00** **305-248-3892**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment  
DA # P98000001523  
D8067750

## Intuitive Solutions, Inc.

18781 SW 294 Terrace, Homestead, FL 33030-2303

June 27, 2000

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Ref: Uniform Business Report

Dear Sir or Madam:

This is the second year running that Intuitive Solutions has not received the Uniform Business Report (UBR) form for a 'for profit' business. Having filed an extension for the corporation's tax returns, I was not aware that a UBR had not been filed until this month (June) when my financial advisor asked about it. I called your office to explain the situation and was told to call another number to request the form. I was also told to write a letter explaining that there has been a problem with respect to receiving the form and submit it along with the UBR. I therefore request that you please: 1) research the reason that I am not receiving the UBR form in a timely fashion and 2) accept the usual one hundred fifty dollars (\$150.00) filing fee.

Thank you,

  
Pam St. John  
President