

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90998 008 \*\*\*150.00

0424005 AV

**DOCUMENT # P98000018477**

1. Entity Name  
**AUTOMATION INTELLIGENCE, INC.**



Principal Place of Business  
**6801 LAKE WORTH RD.  
119  
LAKE WORTH FL 33467**

Mailing Address  
**6801 LAKE WORTH RD.  
119  
LAKE WORTH FL 33467**



2. Principal Place of Business

3. Mailing Address

**3855 WERKIA SPRINGS RD.**

**3855 WERKIA SPRINGS RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 80**

**Suite 80**

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

**LONGWOOD FL**

**LONGWOOD FL**

Zip

Country

Zip

Country

**32775**

**SEMI-NOL**

**32775**

**SEMI-NOL**

4. FEI Number **NOT APPLICABLE**

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

**NEWMAN, MARIANNE  
6801 LAKE WORTH ROAD, SUITE 119  
LAKE WORTH FL 33461**

Name **C. A. HUDSON**

Street Address (P.O. Box Number is Not Acceptable)

**3855 WERKIA SPRINGS RD. #80**

City **LONGWOOD**

**FL**

Zip Code

**32775**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ROMANO, ROBERT 6801 LAKE WORTH RD. SUITE 119 LAKE WORTH FL 33467</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD NEWMAN, LARRY 6801 LAKE WORTH RD. SUITE 119 LAKE WORTH FL 33467</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO C.A. HUDSON 3855 WERKIA SPRINGS RD, #80 LONGWOOD, FL 32775</b>	<input type="checkbox"/> Change <input checked="" 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE**

**4/28/03**

**407 788 8097**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)