

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021276

1. Entity Name

INTELLISWITCH, INC.

Principal Place of Business

Mailing Address

319 CLEMATIS ST.
STE 300
WEST PALM BEACH FL 33401

120 SOUTH OLIVE AVE.
STE. 502
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33401

4. FEI Number 65-0848345

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

WOZNAK, ROGER B III.
120 SOUTH OLIVE AVE.
STE 502
WEST PALM BEACH FL 33401

Name

WOZNAK, ROGER B III

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

319 CLEMATIS STREET

Suite 300

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/01

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, 2001 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	DPS	<input type="checkbox"/> Delete
NAME	WOZNAK, ROGER B III	
STREET ADDRESS	319 CLEMATIS ST, STE 300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, STEVEN M	
STREET ADDRESS	319 CLEMATIS ST, STE 300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOLFSON, DAN	
STREET ADDRESS	319 CLEMATIS ST, STE 300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DC	<input type="checkbox"/> Delete
NAME	DRAGON, DAVID R	
STREET ADDRESS	319 CLEMATIS ST, STE 300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEXTOR, JOHN	
STREET ADDRESS	777 SOUTH FLAGLER DR, STE 1750	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, GEORGE	
STREET ADDRESS	319 CLEMATIS ST, STE 300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Ruggieri	
STREET ADDRESS	319 CLEMATIS STREET, #300	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEXTOR, JOHN	
STREET ADDRESS	319 CLEMATIS STREET, #300	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/01

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90136 009 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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