

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088703

1. Entity Name
INTELLISENSE SOLUTIONS, INC.

Principal Place of Business

331 FRANCIS DRIVE
APOLLO BEACH FL 33572

Mailing Address

331 FRANCIS DRIVE
APOLLO BEACH FL 33572

2. Principal Place of Business

3527 Autumn Glen Dr.

Suite, Apt. #, etc.

3. Mailing Address

3527 Autumn Glen Dr.

Suite, Apt. #, etc.

City & State

Valrico, FL 33594

City & State

Valrico, FL 33594

Zip

33594

Country

USA

Zip

33594

Country

USA

4. FEI Number

59-3538252

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONRAD, JAMES
331 FRANCIS DRIVE
APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

Name

James Conrad

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

3527 Autumn Glen Dr.

City Valrico

FL

Zip Code

33594

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

James M. Conrad

(NOTE: Registered Agent signature required when reinstating)

04/23/2001

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, 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

TITLE **D** ☐ Delete
NAME **CONRAD, JAMES M**
STREET ADDRESS **331 FRANCIS DRIVE**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **PVST** ☐ Delete
NAME **CONRAD, JAMES M**
STREET ADDRESS **331 FRANCIS DRIVE**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Conrad, James M**
STREET ADDRESS **3527 Autumn Glen Dr.**
CITY-ST-ZIP **Valrico, FL 33594**

TITLE **PVST** ☒ Change ☐ Addition
NAME **Conrad, James M**
STREET ADDRESS **3527 Autumn Glen Dr.**
CITY-ST-ZIP **Valrico, FL 33594**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

James M. Conrad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/2001

Date

813-651-1418

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90096 037 ***150.00