

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90128 019 ***550.00

DOCUMENT # P99000033242

1. Entity Name

INTELENS, CORPORATION



Principal Place of Business

Mailing Address

**901 YAMATO ROAD
 SUITE 125
 BOCA RATON FL 33431**

**901 YAMATO ROAD
 SUITE 125
 BOCA RATON FL 33431**

LUU7604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **84-1334769**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PRUDEN, JAMES L
 370 W CAMINO GARDENS BLVD
 SUITE 210
 BOCA RATON FL 33432**

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, 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 **D** ☒ Delete
 NAME **HAUGER, DAVID**
 STREET ADDRESS **5530-H COACH HOUSE CIR**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **O** ☒ Change ☐ Addition
 NAME **GAUTZ JULIUSSEN**
 STREET ADDRESS **1015 Spanish River Road**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **COB** ☒ Delete
 NAME **TAMBURSTUEN, TRIGUE**
 STREET ADDRESS **STRANDUN 50**
 CITY-ST-ZIP **1324 LYSAKER, NORWAY**

TITLE **COB** ☐ Change ☐ Addition
 NAME **PRODE**

TITLE **BM** ☐ Delete
 NAME **RINNAN, RUNE**
 STREET ADDRESS **TEATERST 9, PB 6701 ST OLAUS PUASS**
 CITY-ST-ZIP **0130 OSLO, NORWAY**

TITLE **BM** ☐ Change ☐ Addition
 NAME **Rune**

TITLE **BM** ☒ Delete
 NAME **PEDERSEN, ROY**
 STREET ADDRESS **GEMINIVEIEN 41F**
 CITY-ST-ZIP **N-3213 SANDEFJORD, NORWAY**

TITLE **BM** ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Gaute Juliusen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-3-01 561 999 1994

CR2E034 (10/00)