

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0139877 AT

DOCUMENT # P99000054029

1. Entity Name
"INTELLI-CHOICE", INC.



FILED
03 JUN 16 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1811 ENGLEWOOD RD., SUITE 181
ENGLEWOOD FL 34223

Mailing Address
1811 ENGLEWOOD RD., SUITE 181
ENGLEWOOD FL 34223

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 65-1112658

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REEVE, MARGARET
1811 ENGLEWOOD RD.
SUITE 198
ENGLEWOOD FL 34223

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
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
D REEVE, MARGARET
1811 ENGLEWOOD RD., SUITE 181
ENGLEWOOD FL 34223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900022358379
08/15/03--01061--025 **150.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-03 741 356 6202
Date Daytime Phone #

CR2E034 (4/03)

TO WHOM IT MAY CONCERN

PLEASE ACCEPT THE ENCLOSED ANNUAL REPORTS AS THE FIRST
REPORTS WERE RETURNED BY THE POST OFFICE TO ME AS UNDELIVERABLE.
THANK YOU FOR ANY HELP YOU CAN OFFER.

SINCERELY

MARGARET REEVE