2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000068999** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name INTUITEL COMMUNICATIONS, INC. 04-20-2000 90009 008 ***150.00 Mailing Address Principal Place of Business P.O. BOX 1317 P.O. BOX 1317 DELRAY BEACH FL 33447-1317 DELRAY BEACH FL 33447 2. Principal Place of Business Mailing Address OBOX 1317 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 65-0936146 Applied For City & State Not Applicable Country Para Seal \$8.75 Additional 5. Certificate of Status Desired -----Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BABUSIK, FRANK 160 YACHT CLUB WAY, #307 HYPOLUXO FL 33462 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 FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITI F CED TITLE ☐ Delete FIGUR BABUSIK NAME 160 KALLY CLUB WAY \$307 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE ROUALD P. WALLELL NAME NAME 4963 Sw Hannock Creek Ar STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP. TITLE ☐ Delete Tremony TITLE DAVID BOWLEY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/00

561-278-2850

Daytime Phone #

Change

Change

☐ Addition

☐ Addition