Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P99000088769 1. Entity Name INTELLIFONE CORPORATION 04-30-2001 90078 034 ***150.00 Principal Place of Business Mailing Address 405 CENTRAL AVE., STE. 201 405 CENTRAL AVE., STE. 201 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3598875 Not Applicable Zip Country Country \$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 0RSINI: SCOTT ORSINI, SCOTT T Street Address (P.O. Box Number is Not Acceptable) 3800 CENTRAL AVE. ST. EPTERSBURG FL 33731 Contral 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the late of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable red Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. CBD TITLE ☐ Delete DANILOV, ALEX NAME 405 CENTRAL AVE -STE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33701 TITLE ☐ Delete DANILOV, ALEX NAME NAME STREET ADDRESS 405 CENTRAL AVE -STE 201 STREET ADDRESS CITY-ST-7IP SAINT PETERSBURG FL 33701 CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE JONE, KYLE. NAME MARAF STREET ADDRESS STREET ADDRESS 405 CENTRAL AVE-STE 201 CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33701 TITLE ☐ Change ☐ Addition TITLE Delete ORSINI, SCOTT NAME NAME STREET ADDRESS 3800 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33712 ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered 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.