

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J35778

1. Entity Name

INSTRUMENT SPECIALTIES INC

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90113 005 ***150.00

Principal Place of Business

Mailing Address

51 COASTLINE ROAD
SANFORD, FLORIDA
32771
US

51 COASTLINE ROAD
SANFORD, FLORIDA
32771
US

2. Principal Place of Business

3. Mailing Address

51 COASTLINE ROAD
Suite, Apt. #, etc.

51 COASTLINE ROAD
Suite, Apt. #, etc.

UUUJJ140

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

SANFORD, FLORIDA

SANFORD, FLORIDA

59-2751809

Not Applicable

Zip

Country

Zip

Country

32771

US

32771

US

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

KANE, GERALD
498 N. PINEMeadow DRIVE
DEBARY, FLORIDA 32771

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, 2000 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 ☐ Delete

NAME KANE, GERALD
STREET ADDRESS 498 N. PINEMeadow DRIVE
CITY-ST-ZIP DEBARY, FLORIDA 32713

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME KANE, LYNDIA
STREET ADDRESS 498 N. PINEMeadow DRIVE
CITY-ST-ZIP DEBARY, FLORIDA 32713

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME KANE, SHAWN
STREET ADDRESS 1576 FARINGTON CR
CITY-ST-ZIP HEATHROW, FLORIDA 32746

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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: YNDA KANE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

407-324-7800

Daytime Phone #

CR2E034 (9/99)