

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90052 033 ***150.00

DOCUMENT # J35778

1. Entity Name
INSTRUMENT SPECIALTIES, INC.



Principal Place of Business

51 COASTLINE ROAD
SANFORD FL 32771
US

Mailing Address

51 COASTLINE ROAD
SANFORD FL 32771
US

2. Principal Place of Business

3885 St. Johns Parkway
Suite, Apt. #, etc.

3. Mailing Address

3885 St. Johns Parkway
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Sanford FL

City & State
Sanford FL

4. FEI Number
59-2751809

Applied For
☐ Not Applicable

Zip
32771

Country

Zip
32771

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KANE, GERALD
498 N PINE MEADOW DRIVE
DEBARY FL 32713

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE
PD ☐ Delete
NAME
KANE, GERALD
STREET ADDRESS
498 N PINE MEADOW DRIVE
CITY-ST-ZIP
DEBARY FL 32713

TITLE
ST ☐ Delete
NAME
KANE, LYNDIA
STREET ADDRESS
498 N PINE MEADOW DRIVE
CITY-ST-ZIP
DEBARY FL 32713

TITLE
V ☐ Delete
NAME
KANE, SHAWN
STREET ADDRESS
1576 FARRINGTON CIRCLE
CITY-ST-ZIP
HEATHROW FL 32746

TITLE
VP ☐ Delete
NAME
STEVE, CARISM
STREET ADDRESS
653 OAK HOLLOW WAY
CITY-ST-ZIP
ALTAMONTE SPRINGS FL 32714

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME
Kane, Shawn
STREET ADDRESS
616 Charice Place
CITY-ST-ZIP
Sanford FL 32771-6411

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

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

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

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

Gerald Kane

407-324-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)