

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052978

1. Entity Name

INNOVATIVE SOURCE DESIGN GROUP, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90251 001 ***150.00

01-31-2001 90251 002 *****8.75

Principal Place of Business

P O BOX 522585
LONGWOOD FL 32752
US

Mailing Address

P O BOX 522585
LONGWOOD FL 32752
US

2. Principal Place of Business

leave as is

3. Mailing Address

leave as is

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3322792

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HASBROUCK, GERIE
393 WHOOPING LOOP
STE 1490
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name VOGT, Gerie (name change)

Street Address (P.O. Box Number is Not Acceptable)
407 centerpointe circle, ste. 1607

City Altamonte Springs FL Zip Code 32701

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 GERIE VOGT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-31-00

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, 2001 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

TITLE SD
NAME PARR, KIMBERLY M
STREET ADDRESS 393 WHOOPING LOOP, STE 1490
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE PD
NAME HASBROUCK, GERIE
STREET ADDRESS 393 WHOOPING LOOP, STE 1490
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Kuykendall, Kimberly ☒ Change ☐ Addition
NAME
STREET ADDRESS 407 centerpointe circle, ste. 1607
CITY-ST-ZIP Altamonte Springs, FL 32701 SD

TITLE VOGT, Gerie ☒ Change ☐ Addition
NAME
STREET ADDRESS 407 centerpointe circle, ste. 1607
CITY-ST-ZIP Altamonte Springs, FL 32701 PD

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-00

Date

407-332-8588

Daytime Phone #

CR2E034 (10/00)