

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90129 038 ***150.00

UNIFORM UBR

DOCUMENT # V41942
1. Entity Name
INSTRUCTIONAL SCIENCE & DEVELOPMENT, INC.



Principal Place of Business
**14110 PERDIDO KEY DR
SUITES G-2/F-2
PENSACOLA FL 32507-9529
US**

Mailing Address
**14117 PERDIDO KEY DR
PENSACOLA FL 32507-9512
US**

10032113



2. Principal Place of Business
14117 Perdido Key Drive

3. Mailing Address
14117 Perdido Key Drive

Suite, Apt. #, etc.
Pensacola FL 32507-9512

CHECK HERE IF MAKING CHANGES

City & State
Pensacola FL

City & State
Pensacola FL

Zip
32507-9512

Country
USA

4. FEI Number **95-3323278**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KRIBS, HAROLD D
14117 PERDIDO KEY DR
PENSACOLA FL 32507**

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	DP	<input type="checkbox"/> Delete
NAME	KRIBS, HAROLD DEWEY	
STREET ADDRESS	14117 PERDIDO KEY DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MARK, LINDA J	
STREET ADDRESS	14117 PERDIDO KEY DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Linda J. Mark* **Linda J. Mark** **3 March 03** **850-492-5688**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)