

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90006 036 \*\*\*\*70.00

**DOCUMENT # 767027**

1. Entity Name

**INVENTORS SOCIETY OF SOUTH FLORIDA, INC.**

Principal Place of Business

7927 CORAL ST  
 LANTANA FL 33462-6103  
 US

Mailing Address

7927 CORAL ST  
 LANTANA FL 33462-6103  
 US

BU133769



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21346 St. Andrews Blvd.

3. Mailing Address

21346 St. Andrews Blvd.

Suite, Apt. #, etc.

Suite 209

Suite, Apt. #, etc.

Suite 209

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

U.S.A.

Zip

33433

Country

U.S.A.

4. FEI Number

59-2447428

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, ROBERT E  
 7927 CORAL ST  
 LANTANA FL 33462

7. Name and Address of New Registered Agent

Name Abby Waters

Street Address (P.O. Box Number is Not Acceptable)

21346 St. Andrews Blvd., Ste 209

City Boca Raton

FL

Zip Code 33433

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

After September 13, 2002,  
 min. will be \$236.25.

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATERS, ABBY 4601 NW 26TH AVE BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, FREDDY T 1500 SW 22ND AVE BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAREMBA, JOANNA A 5605 NW 49TH AVE TAMARAC FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUGHLIN, RICHARD 1100 THERESA ST. STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILKEN, HOWARD 5600 FOREST OAKS TERR DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ROBERT E 7937 CORAL ST. LANTANA FL 33462-6103	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

TREASURER  
 LUCY PETERSEN  
 33497 N. C. LINDA DR.  
 JENSEN BEACH, FL 34957-3946

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 617, 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

8/13/02

561-241-1373

CR2E037 (4/02)