

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90116 038 *****61.25

DOCUMENT # 767027

1. Entity Name

INVENTORS SOCIETY OF SOUTH FLORIDA, INC.



Principal Place of Business

**21346 ST ANDREWS BLVD
STE 209
BOCA RATON FL 33433
US**

Mailing Address

**21346 ST ANDREWS BLVD
STE 209
BOCA RATON FL 33433
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2447428**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATERS, ABBY
21346 ST ANDREWS BLVD STE 209
BOCA RATON FL 33433**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	WATERS, ABBY	
STREET ADDRESS	4601 NW 26TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEE, FREDDY T	
STREET ADDRESS	1500 SW 22ND AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZAREMBA, JOANNA A	
STREET ADDRESS	5605 NW 49TH AVE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUGHLIN, RICHARD	
STREET ADDRESS	1100 THERESA ST.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILKEN, HOWARD	
STREET ADDRESS	5600 FOREST OAKS TERR	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	T	<input type="checkbox"/> Delete
NAME	PETTERSEN, LUCY	
STREET ADDRESS	3349 E LINDA DR	
CITY-ST-ZIP	JENSEN BEACH FL 34957-3946	

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

CR2E037 (10/02)