

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90056 039 ***150.00

DOCUMENT # 635787

1. Entity Name

INFANT SWIMMING RESEARCH, INC.

Principal Place of Business

Mailing Address

**3849 OAKWATER CIRCLE
ORLANDO FL 32806**

**3849 OAKWATER CIRCLE
ORLANDO FL 32806**

2. Principal Place of Business

4107 Gabriella Lane

3. Mailing Address

P.O. Box 5857

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State
Winter Park FL

4. FEI Number **59-2848855**

Applied For
Not Applicable

Zip
32792

Country
USA

Zip
32793

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNETT, HARVEY
3849 OAKWATER CIRCLE
ORLANDO FL 32806**

Name

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

4107 Gabriella Lane

City

Winter Park FL 32792 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.

SIGNATURE

Dr. Harvey Barnett

4-4-01

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BARNETT, HARVEY
3849 OAKWATER CIRCLE
ORLANDO FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4107 Gabriella Lane
Winter Park, FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BARNETT, JOANN
3849 OAKWATER CIRCLE
ORLANDO FL ☒ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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:

Dr. Harvey Barnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01

Date

407-971-7170

Daytime Phone #

CR2E034 (10/00)