

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

644584

1. Entity Name

Information Systems of Florida, Inc.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 22 AM 11:36

Principal Place of Business

Mailing Address

2. Principal Place of Business

9550 Regency Sq Blvd.

3. Mailing Address

9550 Regency Sq Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1000

Suite 1000

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32225

Country

US

Zip

32225

Country

US

4. FEI Number

59-1961607

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Solano, J. Thomas

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

7800 Point Meadows

City

Jacksonville

FL

Zip Code

32256

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

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 Solano, J. Thomas 5357 N. Oak Bay Dr. Jacksonville, FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
President Solano, J. Thomas 7800 Point Meadows Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
S Brunson, Linda PO Box 1842 Ponte Vedra Beach, FL 32082 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
700004449417-00 ☐ Change ☐ Addition
-06/28/01--01028--029
*****550.00 *****550.00

TITLE (T) NAME STREET ADDRESS CITY-ST-ZIP
Solano, Judith 5357 N. Oak Bay Dr. Jacksonville, FL 32211 ☒ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

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

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

J. Thomas Solano

6-21-01

904-724-2277

Date

Daytime Phone

CR2E034 (11/00)