2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 644584

1. Entity Name

INFORMATION SYSTEMS OF FLORIDA, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90024 033 ***150.00

					1,00							
9550 REGEN STE 1000 JACKSONVIL US	ace of Busines NCY SQ BLVD LLE FL 32225		Mailing Address 9550 REGENCY SO BLVD STE 1000 JACKSONVILLE FL 32225 US									
2. Principal	Place of Busi	ness	3. Mailing Address				-					
Suite, Ap	t. #, etc.		Suit	te, Apt. #, etc.	 -			☐ CHECK HERE IF	MAKING C	HANGES		
City & State			City & State			-	4 . F	FEI Number 59-1961607			oplied For	
Zip	-	Country	Zip		Country		5. (Certificate of Status Desired		3.75 Ad		
	6. Name	and Address of Current	Register	ed Agent	- 1=		7. N	Name and Address of New Reg				
SOLANO, THOMAS J 7800 POINT MEADOWS						Name Street Address (P.O. Box Number is Not Acceptable) 30 Serenate Dr. South # 212						
JACKSO	NVILLE FL 3	2256						1, 000/1				
9. The about	a named antih			*	City	Ponte '	Ved	ra Beach	FL	Zin Cod	\$8 <u>a</u>	
the obligation	ations of regis	ered agenty		1	egistered office	or registere	ed age	ent, or both, in the State of Florida	a. I am fan <i>DI I</i>			
	Signature, typed	or printed dame of registered agent	and title if app	licable. (NOTE:	Registered Agent sig	nature required v	when rei	instating)	DATE	3/5	<u>-</u>	
Afte	er May 1, 2/00	FEE IS \$150.00 Florida Department of	State		·			Election Campaign Financ Trust Fund Contribution.	cing		0 May Be to Fees	
10.		OFFICERS AND	DIRECTO	RS	11,		ADI	DITIONS/CHANGES TO OFFICE	RS AND DI	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		THOMAS J T MEADOWS /ILLE FL 32256		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	• I · · · · ·	. 5	Serenata Dr. So Vedra Beach, F	.u+h :	【Change # と(2	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNSON P.O. BOX	, LINDA		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP			VEDIA DERCH, F) Change .	Addition	
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ITLE IAME TREET ADDRESS HTY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	

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 peport 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 sprowered 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 labeling section.

SIGNATURE:

FUNE RECEIPTHOMAS SOLAND SIG TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR