

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90213 029 ***150.00

DOCUMENT # **F01000001905**



1. Entity Name
ISYS TECHNOLOGY CORP.

Principal Place of Business
**6925 LAKE ELLENOR DR., STE 135
ORLANDO FL 32809**

Mailing Address
**6925 LAKE ELLENOR DR., STE 135
ORLANDO FL 32809**

DUPLICATE



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-2824116**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MASSOLL, DUANE
6925 ELLENOR DR., STE 135
ORLANDO FL 32809**

Name

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

500 Mourning Dove Cir

City

Lake Mary

FL

Zip Code

32746

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTS	LIEBESKIND, ROBERT P	6925 LAKE ELLENOR DR., #135	ORLANDO FL	<input type="checkbox"/>
DC	LIEBESKIND, ROBERT P	6925 LAKE ELLENOR DR., #135	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		P.O. Box 950579	Lake Mary, FL 32795-0579	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		same		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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: **Robert P Liebesskind**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03 Date **516-535-5600** Daytime Phone #

Attachment
90026321
 # F01000001905

3017

ISYS TECHNOLOGY CORP.

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
Isys Tech		1/15/03	150.00		150.00
ISYS925* 328093014 1103 15 02/01/03 NOTIFY SENDER OF NEW ADDRESS : ISYS BIOVATION PO BOX 950579 LAKE MARY FL 32795-0579 					
CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT	
2/11/03	3017	Florida Dept. of State		\$150.00	