

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F01000003207**

1. Entity Name
INDEPENDENT SECURITIES INVESTORS CORPORATION



**FILED
Mar 24, 2003 8:00 am
Secretary of State**

03-24-2003 90641 047 ***150.00

Principal Place of Business
**1876 NORTH UNIVERSITY DRIVE, SUITE 200K
PLANTATION FL 33322**

Mailing Address
**1876 NORTH UNIVERSITY DRIVE, SUITE 200K
PLANTATION FL 33322**

2. Principal Place of Business
1876 NORTH UNIVERSITY DR.
Suite, Apt. #, etc.
SUITE 200-1

3. Mailing Address
**1876 N. UNIVERSITY DRIVE
SUITE 200-D**

City & State

City & State

4. FEI Number

0544105475

Applied For
Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

65-1145175

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JORDAN, DENNIS C
1876 N UNIVERSITY DRIVE, SUITE 200K
PLANTATION FL 33322**

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 \$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	PVST JORDAN, DENNIS C 1876 N UNIVERSITY DRIVE, SUITE 200K PLANTATION FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, DENNIS C 1876 N UNIVERSITY DRIVE, SUITE 200K PLANTATION FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/2003 (56) 784-0047
Daytime Phone #

CR2E034 (10/02)