

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90316 036 ***150.00

DOCUMENT # F95000002812

1. Entity Name

ISSUES & ANSWERS NETWORK, INC.

Principal Place of Business

Mailing Address

**5151 BONNEY ROAD
VIRGINIA BEACH VA 23462**

**5151 BONNEY ROAD
VIRGINIA BEACH VA 23462**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1341814**

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

**TORRES-CARSON, MARCELA
3781 SW POQUINA COVE WAY, APT 201
PALM CITY FL 34990**

Name **Colleen Curran-Lewis**

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

3008 West Dixie Blvd

City **Ft Pierce**

FL

Zip Code **34946**

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 *** Colleen Curran-Lewis**

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

(NOTE: Registered Agent signature required when reinstating)

2/22/01

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 **PD** ☐ Delete
NAME **MCGUINNESS, PETER J**
STREET ADDRESS **2017 BAY ROAD**
CITY-ST-ZIP **VIRGINIA BEACH VA**

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

TITLE **D** ☐ Delete
NAME **BALDI JR, JOSEPH F**
STREET ADDRESS **14 ARMOND COURT**
CITY-ST-ZIP **HOLMDALE NJ**

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

TITLE **D** ☐ Delete
NAME **RUBENSTEIN, LAWRENCE**
STREET ADDRESS **27 WILMOT CIRCLE**
CITY-ST-ZIP **SCARSDALE NY**

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

TITLE **VS** ☐ Delete
NAME **LINDEMANN, CARLA**
STREET ADDRESS **1 IPSWICH AVE, 328**
CITY-ST-ZIP **GREAT NECK NY**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Carla Lindemann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLA LINDEMANN, Executive VP

3/1/01

Date

516-487-8339

Daytime Phone #

CR2E034 (10/00)