

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90159 017 ***150.00

DOCUMENT # F95000002812

1. Entity Name

ISSUES & ANSWERS NETWORK, INC.

Principal Place of Business

**5151 BONNEY ROAD
VIRGINIA BEACH VA 23462**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

62-1341814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, COLLEEN C
3008 W DIXIE BLVD
FORT PIERCE FL 34946**

7. Name and Address of New Registered Agent

Name **Patricia McGuinness**

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

3401 SE Clubhouse Place

City **STUART**

FL

Zip Code **34997**

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 *Patricia McGuinness* **Patricia McGuinness** **4/16/02**

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, 2002 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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *Patricia McGuinness*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 **757-456-1100**
Date Daytime Phone #

CR2E034 (9/01)