

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90150 013 \*\*\*150.00

**DOCUMENT # F96000001751**

**1. Entity Name**  
**INVESTMENT INFORMATION SERVICES, INC.**



**Principal Place of Business**

**12514 STARKEY RD**  
**LARGO FL 33773**  
**US**

**Mailing Address**

**12514 STARKEY RD**  
**LARGO FL 33773**  
**US**

**2. Principal Place of Business**

**13306 Tradition Dr.**  
**Suite, Apt. #, etc.**  
**(this is temporary)**

**3. Mailing Address**

**PO Box 2369**  
**Suite, Apt. #, etc.**

**City & State**

**Dade City FL**

**City & State**

**St. Leo FL**

**Zip**

**33525**

**Country**

**US**

**Zip**

**33574**

**Country**

**US**

**4. FEI Number**

**36-3137157**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



**6. Name and Address of Current Registered Agent**

**PERRITT, GERALD W**  
**12514 STARKEY RD**  
**LARGO FL 34643**

**7. Name and Address of New Registered Agent**

**Name**

**Perritt, Gerald W.**

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

**13306 Tradition Dr.**

**City**

**Dade City**

**FL**

**Zip Code**

**33525**

**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**

**TITLE** **DCPT** ☐ Delete  
**NAME** **PERRITT, GERALD W**  
**STREET ADDRESS** **8107 BARDMOOR PL #203**  
**CITY-ST-ZIP** **LARGO FL 33777**

**TITLE** **VS** ☐ Delete  
**NAME** **CORBETT, MICHAEL J**  
**STREET ADDRESS** **4732 DOUGLAS RD**  
**CITY-ST-ZIP** **DOWNERS GROVE IL 60515**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DCPT** ☒ Change ☐ Addition  
**NAME** **Perritt, Gerald W**  
**STREET ADDRESS** **13306 Tradition Dr.**  
**CITY-ST-ZIP** **Dade City FL 33525**

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

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

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**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**04/15/03**

**Date**

**Daytime Phone #**

CR2E034 (10/02)