## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Sep 06, 2001 8:00 am Secretary of State F96000003759 DOCUMENT # 1. Entity Name INTERACTIVE SOLUTIONS OF DELAWARE, INC. 09-06-2001 90267 049 \*\*\*558.75 Principal Place of Business Mailing Address 2150 WHITFIELD INDUSTRIAL WAY 2150 WHITFIELD INDUSTRIAL WAY SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0649646 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TELTRONICS, INC. Street Address (P.O. Box Number is Not Acceptable) 2150 WHITFIELD INDUSTRIAL WAY SARASOTA FL 34243 City 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. 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F ☐ Delete TITLE V/S/T ☐ Change X Addition NAME CAMERON, EWEN R NAMÉ Patrick G. Min STREET ADDRESS 2150 WHITFIELD INDUSTRIAL WAY STREET ADDRESS 2150 Whitfield Industrial Way CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP Sarasota, FL 34243 TITLE Delete TITLE Change SDT ☐ Addition NAME NAME Scott, Mark E. STREET ADDRESS 2150 WHITFIELD INDUSTRIAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STRÉET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truatee 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. Cameron, Chairman 'URB SIGNATURE: 941-751-7709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR