

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002731

1. Entity Name

INFORMATIVE SYSTEMS, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90048 009 ***150.00

Principal Place of Business

17 MACDADE BOULEVARD
 COLLINGDALE PA 19023

Mailing Address

17 MACDADE BOULEVARD
 COLLINGDALE PA 33624-5242

2. Principal Place of Business

4104 W. LINEBAUGH AVE

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

Suite 101

City & State

TAMPA FL

City & State

4. FEI Number

23-2879996

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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, 2000 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 P
 NAME BARNETT, PHILIP
 STREET ADDRESS 17 MACDADE BOULEVARD
 CITY-ST-ZIP COLLINGDALE PA ☒ Delete

TITLE P
 NAME PHILIP BARNETT
 STREET ADDRESS 4104 W LINEBAUGH AVE SUITE 101
 CITY-ST-ZIP TAMPA FL 33624 ☒ Change ☐ Addition

TITLE VP
 NAME KLAIR, JOSEPH H
 STREET ADDRESS 17 MACDADE BOULEVARD
 CITY-ST-ZIP COLLINGDALE PA ☒ Delete

TITLE VP
 NAME JOSEPH KLAIR
 STREET ADDRESS 4104 W LINEBAUGH AVE SUITE 101
 CITY-ST-ZIP TAMPA FL 33624 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-18-2000 813 908 0530

CR2E034 (9/99)