

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005455

1. Entity Name

INTERNET STOCK MARKET RESOURCES, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90142 023 ***150.00

Principal Place of Business

405 CENTRAL AVE NORTH 5TH FLOOR
ST PETE FL 33701

Mailing Address

405 CENTRAL AVE NORTH 5TH FLOOR
ST PETE FL 33701-3843

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

76-0246940

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KYRIAKIDES, A
405 CENTRAL AVE 5TH FL
ST PETE FL 33701

7. Name and Address of New Registered Agent

Name

HENRY A. STEIN

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

501 FIRST AVENUE North
suite 1000

City

St. Petersburg

FL

Zip Code

33701

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

Henry A. Stein, HENRY A. STEIN

4-27-00

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

TITLE PD ☐ Delete
NAME HARRIS, BUDD
STREET ADDRESS 405 CENTRAL AVE N
CITY-ST-ZIP ST PETE FL

TITLE V ☐ Delete
NAME LATTA, CAROLYN M
STREET ADDRESS 405 CENTRAL AVE N
CITY-ST-ZIP ST PETE FL

TITLE CSD ☐ Delete
NAME KYRAKIDES, A
STREET ADDRESS 405 CENTRAL AVE N
CITY-ST-ZIP ST PETE FL

TITLE D ☒ Delete
NAME MORRIS, SUMMER
STREET ADDRESS 405 CENTRAL AVE N
CITY-ST-ZIP ST PETE FL

TITLE D ☐ Delete
NAME MORRIS, CHAD
STREET ADDRESS 405 CENTRAL AVE N
CITY-ST-ZIP ST PETE FL

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00