

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90196 043 ***158.75

DOCUMENT # F99000005014
 1. Entity Name
INFORMATION SYSTEMS PLANNING AND ANALYSIS, INC.

Principal Place of Business Mailing Address
1100 CIRCLE 75 PKWY.. STE. 900 **1100 CIRCLE 75 PKWY.. STE. 900**
ATLANTA GA 30339 **ATLANTA GA 30339**



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 **58-1557046** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MEIRA, JOSE
1700 MCMULLEN BOOTH ROAD, SUITE C-3
CLEARWATER FL 33759

7. Name and Address of New Registered Agent
 Name **MICHAEL LEFRANC**
 Street Address (P.O. Box Number is Not Acceptable)
1700 MCMULLEN BOOTH ROAD, SUITE C-3
 City **CLEARWATER** FL Zip Code **33759**

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 *Michael LeFranc* **MICHAEL LEFRANC** DATE **04/11/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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/NAME	<input type="checkbox"/> Delete
P BALTHAZAR, LANTZ A	
539 GREYSTONE TRAIL	
MARIETTA GA 30068	
TITLE/NAME	<input type="checkbox"/> Delete
S BALTHAZAR, DAUNITA	
530 GREYSTONE TRAIL	
MARIETTA GA 30068	
TITLE/NAME	<input type="checkbox"/> Delete
TITLE/NAME	<input type="checkbox"/> Delete
TITLE/NAME	<input type="checkbox"/> Delete
TITLE/NAME	<input type="checkbox"/> Delete
TITLE/NAME	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE/NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE/NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Richard Walker* **RICHARD WALKER** Date **04/10/02** Daytime Phone # **(770) 690-2920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)