

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90191 047 ***158.75

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



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

Mailing Address
**1100 CIRCLE 75 PKWY., STE. 900
ATLANTA GA 30339**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
58-1557046

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

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

LEFRANC, MICHAEL
1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 33759

Name
Street Address (P.O. Box Number is Not Acceptable)
50 S. BELCHER ROAD
SUITE 121
City **CLEARWATER, FL** **FL** Zip Code **33765**

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 *Michael Lefranc*

DATE **April 3rd 2003**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Walker* **RECEIVED RICHARD WALKER**

DATE **04/02/03** 770-690-2920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/02)