

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90723 031 ***150.00

DOCUMENT # H55235

1. Entity Name

BUSINESS INFOSYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

11039970

2. Principal Place of Business

406 ARCTURAS AVENUE

Suite, Apt. #, etc.

SUITE 2

3. Mailing Address

406 ARCTURAS AVENUE

Suite, Apt. #, etc.

SUITE 2

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-2541336

Applied For

Not Applicable

Zip

33765

Country

US

Zip

33765

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DERBY, KATHRYN A.

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

406 ARCTURAS AVENUE

SUITE 2

City

CLEARWATER, FL

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD
NAME DERBY, KATHRYN A.
STREET ADDRESS 1258 FRANKLIN ST., APT. 3
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathryn A. Derby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 727-447-5660

Date

Daytime Phone #

CR2E034B (12/02)