

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L28294**

1. Entity Name

**ISIS SOFTWARE DEVELOPMENT, INC.**

**FILED**

**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90185 013 \*\*\*150.00

Principal Place of Business  
**6518 W SMITH RD  
SOUTHPORT FL 32409**

Mailing Address  
**6518 W SMITH RD  
SOUTHPORT FL 32409-1484**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2975602**

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

**TROLLOPE, RICHARD C  
333 MAGNOLIA AVE  
PANAMA CITY FL 32401**

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	PD	<input type="checkbox"/> Delete
NAME	MERRITT, KERRY G	
STREET ADDRESS	6524 W SMITH RD	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	S	<input type="checkbox"/> Delete
NAME	MERRITT, BARBARA	
STREET ADDRESS	6524 W SMITH RD	
CITY-ST-ZIP	SOUTH PORT FL 32409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barbara Merritt Sec.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BARBARA MERRITT SEC.**

**4-12-00** **850-265-9889**  
Date Daytime Phone #