

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

0062584

**DOCUMENT # N00000001537**

1. Entity Name

**ISMS, INC.**

03-26-2001 90152 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 3241  
 ST. PETERSBURG FL 33731

P.O. BOX 3241  
 ST. PETERSBURG FL 33731

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

☒ 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

CUBA, THOMAS R  
 4557 BEACH DR., S.E.  
 ST. PETERSBURG FL 33705

Name Thomas R. Cuba  
 Street Address (P.O. Box Number is Not Acceptable)  
447 3rd Av No  
 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

Thomas R. Cuba

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

(NOTE: Registered Agent signature required when reinstating)

3-22-2001

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
 NAME **BOLEY, REBECCA**  
 STREET ADDRESS **6104 CORAL BAY RD.**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **HUFF, JENNIFER L**  
 STREET ADDRESS **2225 E. 131ST AVE., APT. 5002**  
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **PACF, CHRISTINA R**  
 STREET ADDRESS **2804 98TH AVE. EAST**  
 CITY-ST-ZIP **PARRISH FL 34219**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **CUBA, THOMAS R**  
 STREET ADDRESS **4557 BEACH RD. DR.S.E.**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE ☐ Change ☐ Addition  
 NAME **CUBA, Thomas R**  
 STREET ADDRESS **447 3rd Av No**  
 CITY-ST-ZIP **ST Petersburg FL 33701**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 617, 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01  
 Date

727 823 2443  
 Daytime Phone #

CR2E037 (10/00)