

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90257 010 ****61.25

DOCUMENT # NO1000004154

1. Entity Name

INTERNATIONAL SHAREWARE CONFERENCE FOUNDATION, INC.

Principal Place of Business

P O BOX 372577
 SATELLITE BEACH FL 32937

Mailing Address

P O BOX 372577
 SATELLITE BEACH FL 32937

2. Principal Place of Business

PO BOX 360636
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 360636
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

59 3725510

Applied For

Not Applicable

Zip

32936

Country

Zip

32936

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRUJILLO, DONNA
 1643 SWEETWOOD DRIVE
 MELBOURNE FL 32935

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete
 NAME D TRUJILLO, DONNA
 STREET ADDRESS P O BOX 372577
 CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☐ Delete
 NAME DEWELL, JESSICA
 STREET ADDRESS P O BOX 1816
 CITY-ST-ZIP ISSAQUAH WA 98027

TITLE ☐ Delete
 NAME ELFRING, GARY
 STREET ADDRESS P O BOX 61
 CITY-ST-ZIP WASCO IL 60183

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME DONNA TRUJILLO
 STREET ADDRESS P.O. BOX 360636
 CITY-ST-ZIP Melbourne FL 32936

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

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

TITLE ☐ Change ☐ Addition
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 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: *Donna Trujillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2002 321-795-9130

Date

Daytime Phone #

CR2E037 (9/01)