

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Jun 03, 2002 8:00 am
Secretary of State

04-11-2002 90934 001 ***272.50

DOCUMENT # N01000005727

1. Entity Name

INSTITUTE OF SELF IMPROVEMENT STUDIES, INC.

Principal Place of Business

Mailing Address

**18705 CHEMILLE DRIVE
 LUTZ FL 33558 - 5347**

**POST OFFICE BOX 22012
 TAMPA FL 33622**

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

**BANKS, PATRICIA
 18705 CHEMILLE DRIVE
 LUTZ FL 33558 - 5347**

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 restate)

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 **P, D**
 NAME **BANKS, PATRICIA**
 STREET ADDRESS **18705 CHEMILLE DRIVE**
 CITY-ST-ZIP **LUTZ FL 33558**

☐ Delete

TITLE **VP, D**
 NAME **Kevin J. Kelly**
 STREET ADDRESS **18705 Chemille Drive**
 CITY-ST-ZIP **LUTZ, FL 33558-5347**

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE **T, D**
 NAME **Kirk C. Mason**
 STREET ADDRESS **18705 Chemille Drive**
 CITY-ST-ZIP **LUTZ, FL 33558-5347**

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change

☐ Addition

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

4/5/02
 Date

813-949-5554
 Daytime Phone #

Original

CR2E037 (9/01)