

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90018 046 ****70.00

DOCUMENT # N96000003324

1. Entity Name

FEDERATION OF INTERNET SOLUTION PROVIDERS OF THE AMERICAS, INC.

Principal Place of Business

1045 E. ATLANTIC AVENUE
SUITE 206
DELRAY BEACH FL 33483

Mailing Address

1045 E. ATLANTIC AVENUE
SUITE 206
DELRAY BEACH FL 33483

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

59-3379948

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

MARION, JOE
1045 E. ATLANTIC AVENUE
SUITE 206
DELRAY BEACH FL 33483

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
STREET ADDRESS PENNINGTON, JAMES
CITY-ST-ZIP 5 CORDOVA STREET
SAINT AUGUSTINE FL 32084

TITLE ☐ Delete
NAME PD
STREET ADDRESS MARCHANT, JIM
CITY-ST-ZIP 100 WEST LUCERNE CIRCLE #500
ORLANDO FL 32801

TITLE ☐ Delete
NAME D
STREET ADDRESS PILAT, SUZI
CITY-ST-ZIP 1224 ROGERS STREET
CLEARWATER FL 34616

TITLE ☐ Delete
NAME D
STREET ADDRESS NICHOLS, CHRIS
CITY-ST-ZIP 2221 LEE ROAD
WINTER PARK FL 32789

TITLE ☐ Delete
NAME M
STREET ADDRESS MARION, JOSEPH
CITY-ST-ZIP 1045 E. ATLANTIC #206
DELRAY BEACH FL 33483

TITLE ☐ Delete
NAME D
STREET ADDRESS MARLOWE, ROB
CITY-ST-ZIP MAIN STREET
NEW PORT RICHEY FL 34656

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02 561-266-9438

CR2E037 (9/01)