

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90852 018 ****61.25

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|------------------------------|--------------------------|---------------------------------|
| D | PENNINGTON, JAMES | 5 CORDOVA STREET | SAINT AUGUSTINE FL 32084 | <input type="checkbox"/> |
| PD | MARCHANT, JIM | 100 WEST LUCERNE CIRCLE #500 | ORLANDO FL 32801 | <input type="checkbox"/> |
| D | PILAT, SUZI | 1224 ROGERS STREET | CLEARWATER FL 34616 | <input type="checkbox"/> |
| D | NICHOLS, CHRIS | 2221 LEE ROAD | WINTER PARK FL 32789 | <input type="checkbox"/> |
| M | MARION, JOSEPH | 1045 E. ATLANTIC #206 | DELRAY BEACH FL 33483 | <input type="checkbox"/> |
| D | MARLOWE, ROB | MAIN STREET | NEW PORT RICHEY FL 34656 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

CR2E037 (10/02)