

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006831**

1. Entity Name,

ISPEN, INC.**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90015 015 ****70.00

908086

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

17110 CARRINGTON PARK DR.
#806
TAMPA PALMS FL 33647
US

17110 CARRINGTON PARK DR
#806
TAMPA FL 33647-2634
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3491383

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PENIEL, ISRAEL
17110 CARRINGTON PARK DR.
#806
TAMPA PALMS FL 33617

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	PENIEL, ISRAEL	17110 CARRINGTON PARK DR.	TAMPA FL 33617	<input type="checkbox"/>	<input type="checkbox"/>
D	JOHNSON, VICTORIA	3007 E. IDLEWILD ST.	TAMPA FL 33610	<input type="checkbox"/>	<input type="checkbox"/>
D	PENIEL, GLORIA	17110 CARRINGTON PARK DR.	TAMPA PALMS FL 33617	<input type="checkbox"/>	<input type="checkbox"/>
D	JOHNSON, BERNADETTE	524 W. THARPE ST. #50	TALLAHASSEE FL 32303	<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:

Israel Peniel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)