

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006831

1. Entity Name

ISPEN, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90452 001 *****70.00

0060567

Principal Place of Business

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

Mailing Address

17110 CARRINGTON PARK DR
#806
TAMPA FL 33647
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3491383**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Dr. Israel Peniel**
Street Address (P.O. Box Number is Not Acceptable)
Same
City **Same** 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 **D** ☐ Delete
NAME **PENIEL, ISRAEL Dr.**
STREET ADDRESS **17110 CARRINGTON PARK DR.**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **D** ☐ Delete
NAME **JOHNSON, VICTORIA**
STREET ADDRESS **3007 E. IDLEWILD ST.**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **D** ☐ Delete
NAME **PENIEL, GLORIA**
STREET ADDRESS **17110 CARRINGTON PARK DR.**
CITY-ST-ZIP **TAMPA PALMS FL 33617**

TITLE **D** ☐ Delete
NAME **JOHNSON, BERNADETTE**
STREET ADDRESS **524 W. THARPE ST. #50**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

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

Date

Daytime Phone #

CR2E037 (10/00)