

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90008 045 \*\*\*\*\*70.00

**DOCUMENT # N97000006831**

1. Entity Name

**ISPEN, INC.**

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

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

7. Name and Address of New Registered Agent

~~PENIEL~~ *Please Correct Last Name*  
**PENGEL, ISRAEL DR.  
 17110 CARRINGTON PARK DR.  
 #806  
 TAMPA PALMS FL 33617**

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 *Dr. Israel Peniel*  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **P/D** ☒ Change ☐ Addition  
 NAME **Dr. Israel Peniel**  
 STREET ADDRESS **17110 Carrington Park Drive #806**  
 CITY-ST-ZIP **Tampa, FL 33647**

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

TITLE **Trustee** ☐ Change ☒ Addition  
 NAME **Trenton Johnson**  
 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 **T/V (Trustee/Vice President)** ☐ Change ☒ Addition  
 NAME **Joseph Harris**  
 STREET ADDRESS **4205 E. Paris Street**  
 CITY-ST-ZIP **Tampa, FL 33610**

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

TITLE **Trustee** ☐ Change ☒ Addition  
 NAME **Gwen Hayes**  
 STREET ADDRESS **P.O. Box 3363**  
 CITY-ST-ZIP **Tampa, FL 33601**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D/S** ☒ Change ☐ Addition  
 NAME **Gloria Peniel**  
 STREET ADDRESS **17110 Carrington PK Dr. #806**  
 CITY-ST-ZIP **Tampa, FL 33647**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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: *Dr. Israel Peniel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President/Director* 813-975-8707  
 Date Daytime Phone #

CR2E037 (9/01)