

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005387

1. Entity Name

INFORMATION SHARING SOLUTIONS, INC.

Principal Place of Business

Mailing Address

100 S.W. 15TH DRIVE  
BOCA RATON FL 33432

100 S.W. 15TH DRIVE  
BOCA RATON FL 33432

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90268 006 \*\*\*150.00

341393



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

240 WEST PALMETTO PARK ROAD

P.O. Box 1120

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 220

BOCA RATON, FLORIDA

BOCA RATON, FLORIDA

City & State

City & State

Zip

Zip

Country

Country

33432

USA

33429

USA

4. FEI Number

65-0971583

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

FENICK, RICHARD J II  
100 S.W. 15TH DRIVE  
BOCA RATON FL 33432

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT, DIRECTOR  
RICHARD J FENICK II  
100 SW 15TH DRIVE  
BOCA RATON, FL 33432

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard J. Fenick II* RICHARD J. FENICK II

4/13/01

Date

561-392-3800

Daytime Phone #

CR2E034 (10/00)