FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90004 006 ***150.00

DOCUMENT # P02000015789

1. Entity Name
SIS CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

656296

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
229 W Cumberland Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood FL	City & State
Zip: 32779 Country: SEMINOLE	Zip Country

4. FEI Number: 593624218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BOSWELL MICHEAL, L.

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

City | 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 _____ 4-25-2002
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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STEVEN I SORKIN 229 WES Cumberland Ct Longwood FL 32779 (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHEILA M. SORKIN 229 W. Cumberland, Ct Longwood FL 32779 (P)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JULIAN M. SORKIN (T) 229 West Cumberland Ct Longwood FL 32779
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sheila M. S[illegible] 4-25-2002.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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Suite, Apt #, etc.
City & State
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4. FEI Number 593624218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name BOSWELL MICHEAL, L.
Street Address (P.O. Box Number Is Not Acceptable) 533 Seabreeze Boulevard
Suite 300
City Daytona Beach, FL Zip Code 32118

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 ____________ 4-25-2002
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHEILA M SORKIN (P) 229 W. Cumberland Cr Longwood FL 32779
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Julian M. Sorkin (T) 229 West Cumberland Cr Longwood FL 32779
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (1/01)

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SIGNATURE: ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #