

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90005 029 ***150.00

DOCUMENT # P00000022421

1. Entity Name

Information Source, Inc.

Principal Place of Business

Mailing Address

2181 Logan St.

Clearwater, FL 33765

2. Principal Place of Business

3. Mailing Address

2181 NorthPoint Blvd.

2181 NorthPoint Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit F

Unit F

City & State

City & State

Tallahassee FL

Tallahassee FL

Zip

Country

Zip

Country

32308

U.S.

32308

U.S.

4. FEI Number

59-3362301

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

Spiegel & Utrera, P.A.

343 Almeria Ave.

Coral Gables, FL 33134

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 re-registering)

DATE

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

FILE & MONTHLY FEE IS \$150.00

After MAY 1, 2001 Fee will be \$650.00

State 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
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CITY-STATE-ZIP

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☐ Change ☐ Addition

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 registrar 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

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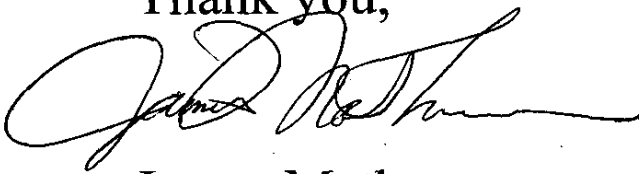
INFORMATION SOURCE, INC.
2012 Northpoint Blvd. Unit F
Tallahassee, FL 32308

To Whom It May Concern:

Our company did not receive the renewal notice for the year 2001. We would like the late fees waived. Enclosed is the check for the renewal fees for the year. (\$150.00)

Also, there is a change of address for the new form.

Thank you,

A handwritten signature in black ink, appearing to read "James Mathewuse", written in a cursive style.

James Mathewuse -
President