

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083619

1. Entity Name

**INNOVATIVE SUSPENSION DESIGN AND CHASSIS
FABRICATION INC.**

Principal Place of Business

P.O. Box 6091
Jacksonville, FL 32236

Mailing Address

P.O. Box 6091
Jacksonville, FL 32236

2. Principal Place of Business

P.O. Box 60901

3. Mailing Address

P.O. Box 60901

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3669122

Applied For

Not Applicable

Zip

32236

Country

US

Zip

32236

Country

US

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Joseph Allen Bailey
10502-2 Alvin Road
Jacksonville, FL 32222

7. Name and Address of New Registered Agent

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

TITLE D
NAME Bailey, Joseph A.
STREET ADDRESS 10502-2 Alvin Road
CITY-ST-ZIP Jacksonville, FL 32222

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE VP
NAME O'Reilly, James J.
STREET ADDRESS 4828 Tara Woods Drive East
CITY-ST-ZIP Jacksonville, FL 32210

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Bailey, Presidents

Date

Daytime Phone #

904-908-4932

CR2E034 (11/00)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90148 014 ***158.75

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