

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am,**  
**Secretary of State**  
 05-25-2001 90292 040 \*\*\*150.00

DOCUMENT # **P0000010861R**

1. Entity Name  
**Infrastructure Systems Networking, Inc**

Principal Place of Business  
**2932 Wellington Cir. So. Tallahassee, FL 32308**

Mailing Address  
**2932 Wellington Cir. South. Tallahassee, FL 32308**

**00001861**

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 <b>593682875</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Nelson, Andrea V. Esq  
 215 South Monroe Street #600-A  
 Tallahassee, FL 32302**

7. Name and Address of New Registered Agent	
Name	
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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete
NAME	<b>P McGee, Todd</b>
STREET ADDRESS	<b>10520 Faye Way</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32311</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>T Mackson, Michael</b>
STREET ADDRESS	<b>10518 Faye Way</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32311</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>V NGWA, Emmanuel</b>
STREET ADDRESS	<b>4495 Shelfer RD, Apt D31</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32310</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>S EKWEDE, Irene B.</b>
STREET ADDRESS	<b>4495 Shelfer RD, Apt D31</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32310</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Michael Madison** **Nichole T Madison CFO** **5/15/01 (850) 566-6832**

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

CR2E034 (11/00)

Attachment  
# P00000108678  
A00718612062

May 14, 2001

Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

We did not receive a Uniform Business Report for Infrastructure Systems Networking, Inc. This is a newly established corporation. We are submitting a check for \$150.00.

Thank you for your cooperation.

Sincerely,

Mike Madison  
Treasurer  
ISNet, Inc.

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAY 16 PM 1:47  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING