

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90029 026 ***150.00

001559

DOCUMENT # P00000116453

1. Entity Name

INDUSTRY DATA STRATEGIES, INC.

Principal Place of Business

5104 W ORANGE BLSSM TR STE 205
 ORLANDO FL 32810

Mailing Address

5104 W ORANGE BLSSM TR STE 205
 ORLANDO FL 32810

2. Principal Place of Business

5104 N Orange Blossom Trail

3. Mailing Address

5104 N Orange Blossom Trail

Suite, Apt. #, etc.

III

Suite, Apt. #, etc.

III

City & State

Orlando FL

City & State

Orlando FL

Zip

32810

Country

US

Zip

32810

Country

US

4. FEI Number

59-3689145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCKINNON, CHERYL
 5104 W ORANGE BLSSM TR STE 205
 ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name: Olga Garcia
 Street Address: 5104 N Orange Blossom Trl
 III
 City: Orlando FL Zip Code: 32810

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: *Olga Garcia* Olga Garcia, Office Manager. 1-8-01

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 ☐ Delete
 NAME: MCKINNON, CHERYL
 STREET ADDRESS: 5104 W ORANGE BLSSM TR STE 205
 CITY-ST-ZIP: ORLANDO FL 32810

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
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 STREET ADDRESS:
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TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ 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: *Cheryl McKinnon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 (4:17) 532-7314
 Date Daytime Phone #

CR2E034 (10/00)