

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90166 006 ***150.00

DOCUMENT # P01000003021

1. Entity Name

INTERVENTIONAL SERVICES UNLIMITED, INC.

Principal Place of Business

**477 DEERPOINT DRIVE
 GULF BREEZE FL 32561**

Mailing Address

**477 DEERPOINT DRIVE
 GULF BREEZE FL 32561**

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

59-3688552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BASS & SANDFORT ACCOUNTANTS, INC.
 127 EAST ZARAGOZA STREET
 SUITE 206
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

BASS & SANDFORT Accountants Inc

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

1301 W GARDEN ST

City

PENSACOLA

FL

Zip Code

32501

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, 2002 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 **PSTD** ☐ Delete
 NAME **WEINGARTEN, KARL**
 STREET ADDRESS **477 DEERPOINT DRIVE**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **VD D** ☐ Delete
 NAME **MIETLING, SAMUEL**
 STREET ADDRESS **477 DEERPOINT DRIVE**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
 NAME **Bonnie Mietling SD**
 STREET ADDRESS **477 Deerpoint Dr**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

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

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

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:

Bonnie Mietling

4/18/02

Date

850 916 0984

Daytime Phone #

CR2E034 (9/01)