

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000003021

1. Entity Name

INTERVENTIONAL SERVICES UNLIMITED, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2619 Wrightsboro Road

Suite, Apt. #, etc.

3. Mailing Address
2619 Wrightsboro Road

Suite, Apt. #, etc.

City & State
Augusta, GA

City & State
Augusta, GA

4. FEI Number
59-3688552

Applied For
Not Applicable

Zip
30904

Country
USA

Zip
30904

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Bonnie Mielting

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

477 Deer Point Drive

City
Gulf Breeze

FL

Zip Code
32561

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 reappointing)

DATE

12-01-02

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
P, S, T, D
Sam Mielting
STREET ADDRESS
477 Deer Point Drive, Gulf Breez, FL 32561
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
VP
Bonnie Mielting
STREET ADDRESS
477 Deer Point Drive, Gulf Breez, FL 32561
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-01-02

FILED

02 DEC 23 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/23/02--01114--001 **61.25

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CR2E034B (12/01)