

2002 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # P01000010892

1. Entity Name
IGNISSION, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-13-2002 90049 018 ***150.00

92895



DO NOT WRITE IN THIS SPACE

Principal Place of Business
380 JEFFERSON DRIVE, #305
DEERFIELD BEACH FL 33442

Mailing Address
380 JEFFERSON DRIVE, #305
DEERFIELD BEACH FL 33442

2. Principal Place of Business

SEE ABOVE

3. Mailing Address

SEE ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1072191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEADY, PHILIP D
380 JEFFERSON DRIVE, #305
DEERFIELD BEACH FL 33442

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, 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 PD
NAME HEADY, PHILIP D
STREET ADDRESS 380 JEFFERSON DRIVE, #305
CITY-ST-ZIP DEERFIELD BEACH FL 33442

☐ Delete

TITLE VD
NAME HEADY, MATTHEW J
STREET ADDRESS POST OFFICE BOX 525
CITY-ST-ZIP STOCKBRIDGE MA 01262

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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TITLE
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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

4-29-2002

954-596-5438

Date

Daytime Phone #

CR2E034 (9/01)