

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91460 031 ***158.75

DOCUMENT # P01000031199

1. Entity Name

ISP Technologies, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 N. Tampa St.

3. Mailing Address

400 N. Tampa St.

Suite, Apt. #, etc.

Suite 1170

Suite, Apt. #, etc.

Suite 1170

City & State

Tampa FL.

City & State

Tampa FL.

Zip

33602

Country

USA

Zip

33602

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3717164

Applied For

Not Applicable

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

Curt D. Barnes

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

400 N. Tampa St. Suite 1170

City Valrico

FL

Zip Code

33594

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

Curt D. Barnes

CURT D. BARNES / PRES

04-22-02

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) ☐

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
STREET ADDRESS
CITY-STATE-ZIP
President
Curt D. Barnes
3425 Cypress Landing Dr.
Valrico FL 33594

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Vice President
Robert Porterfield, Jr.
1303 Bay Club Circle
Tampa, FL 33607

TITLE
NAME
STREET ADDRESS
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CITY-STATE-ZIP

**DO NOT WRITE
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(2)(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:

Robert E. Porterfield Jr.

ROBERT E. PORTERFIELD JR

4/22/02 (813) 222-0012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)