

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90118 040 ***150.00

DOCUMENT # R01000074632

1. Entity Name

INJURY & ILLNESS PREVENTION SYSTEMS PLUS, INC.

Principal Place of Business

321 IMPERIAL BLVD
49E 27C
LAKELAND FL 33803

Mailing Address

321 IMPERIAL BLVD
49E 27C
LAKELAND FL 33803

B0098711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

321 IMPERIAL BLVD.

3. Mailing Address

321 IMPERIAL BLVD.

Suite, Apt. #, etc.

27C

Suite, Apt. #, etc.

27C

City & State

LAKELAND FL

City & State

LAKELAND FL

4. FEI Number

59-3734881

Applied For

Not Applicable

Zip

33803

Country

POIK

Zip

33803

Country

POIK

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, DONALD L
321 IMPERIAL BLVD.
49 E
LAKELAND FL FL

7. Name and Address of New Registered Agent

Name

DONALD L. CARTER

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

321 IMPERIAL BLVD.

27C

City

LAKELAND FL FL

Zip Code

33803

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

Donald L. Carter **12 March 3, 2002**

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

NO

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
NAME **DONALD L. CARTER**
STREET ADDRESS **321 IMPERIAL BLVD. #27C**
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

Date

Daytime Phone #

Donald L. Carter **12 March 3, 2002** **863-169-9468**

CR2E034 (9/01)