

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90053 016 \*\*\*550.00

**DOCUMENT # P01000094666**

1. Entity Name

**AVISO INFORMATION SOLUTIONS, INC.**

Principal Place of Business

**3310 W. SAN PEDRO ST.  
TAMPA FL 33629**

Mailing Address

**2902 W. VILLA ROSA PK.  
TAMPA FL 33611**

2. Principal Place of Business

**1704 Ave Republica de  
Suite, Apt. #, etc.**

3. Mailing Address

**Cuba 1704 Ave Republica  
Suite, Apt. #, etc. de Cuba**

City & State

**Tampa, Florida**

City & State

**Tampa, Florida**

4. FEI Number

**(EIN #) 59-3749745**

Applied For

☐ Not Applicable

Zip

**33605**

Country

**USA**

Zip

**33605**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ANGLE, MARK S  
2902 W. VILLA ROSA PK.  
TAMPA FL 33611**

7. Name and Address of New Registered Agent

**Name  
SHEPHERD, MICHAEL D.  
Street Address (P.O. Box Number is Not Acceptable)  
3310 W SAN PEDRO ST**

**City TAMPA**

**FL**

**Zip Code  
33629**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/13/02**

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SHEPHERD, MICHAEL D</b>	
STREET ADDRESS	<b>3310 W. SAN PEDRO ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ANGLE, MERCEDES</b>	
STREET ADDRESS	<b>2902 W. VILLA ROSA PK.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANGLE, MARK S</b>	
STREET ADDRESS	<b>2902 W. VILLA ROSA PK.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/13/2002**

**813.248.6624**

Date

Daytime Phone #

CR2E034 (4/02)