

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90385 040 ***150.00

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1. Entity Name

AVISO INFORMATION SOLUTIONS, INC.



Principal Place of Business
**1704 AVE REPUBLICA DE CUBA
TAMPA FL 33605
US**

Mailing Address
**1704 AVE REPUBLICA DE CUBA
TAMPA FL 33605
US**

2. Principal Place of Business

2902 W.

3. Mailing Address

2902 W. VILLA ROSA PK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA, FL

Zip

Country

Zip

Country

33611

US.

4. FEI Number **59-3749745**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHEPHERD, MICHAEL D
3310 W SAN PEDRO ST
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name **MERCEDES ANGLE**

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

2902 W. VILLA ROSA PK.

City **TAMPA**

FL

Zip Code

33611

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-03

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **SHEPHERD, MICHAEL D**
STREET ADDRESS **3310 W. SAN PEDRO ST.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **S** ☐ Delete
NAME **ANGLE, MERCEDES**
STREET ADDRESS **2902 W. VILLA ROSA PK.**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P** ☒ Change ☐ Addition
NAME **ANGLE, MERCEDES**
STREET ADDRESS **2902 W. VILLA ROSA PK.**
CITY-ST-ZIP **TAMPA, FL 33611**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date

(813) 839-0399

Daytime Phone #

CR2E034 (10/02)