

FILED

Jul 23, 2003 8:00 am  
Secretary of State

07-14-2003 90346 008 \*\*\*550.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000126220

1. Entity Name

INVESTMENT SOLUTIONS OF CENTRAL FLORIDA, INC.

Principal Place of Business  
5820 BALAO WAY SOUTH  
ST. PETE BEACH FL 33706Mailing Address  
5820 BALAO WAY SOUTH  
ST. PETE BEACH FL 33706

55051999



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

14-1859038

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CFRA, LLC

ONE HARBOUR PLACE, 777 SOUTH HARBOUR  
ISLAND BOULEVARD  
TAMPA FL 33602

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. 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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPD  
HOOSE, DERRICK V  
5820 BALAO WAY SOUTH  
ST. PETE BEACH FL 33706☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPVANHOSE, DEREK  
5820 BALAO WAY S.  
ST. PETE BCH, FL 33706☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DeleteTITLE  
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NAME  
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CITY - ST - ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ Addition

12. 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 10 or Block 11 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 #

CR2E034 (4/03)