


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

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90028 004 ***150.00

DOCUMENT # P03000085959
1. Entity Name
Service Information Systems, Inc



DO NOT WRITE IN THIS SPACE

54006297

2. Principal Place of Business
323 Greenbriar Dr
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 630515
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Lake Park, FL. City & State Lake Park, FL. 4. FEI Number 33-1070949 Applied For
Not Applicable

Zip 33403 Country U.S.A Zip 33403 Country U.S.A 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 LYNDON B. JOHNSON

Street Address (P.O. Box Number Is Not Acceptable)
323 Greenbriar Drive

City Lake Park,

City FL Zip Code 33403

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] Lyndon B. Johnson, President. 02/11/04
(NOTE: Registered Agent signature required when reconstituting)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres. Lyndon B. Johnson</u> <u>323 Greenbriar Dr</u> <u>Lake Park, FL. 33403</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V. Pres. Donald Bryan</u> <u>16701 90th Street</u> <u>Loxahatchee, FL. 33470</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with or without like empowered.

SIGNATURE: [Signature] 02/11/04 561 863-9157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)