

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

ATX

DOCUMENT # P04000056705
1. Entity Name
ISIS INTERNATIONAL CONSORTIUM, INC.

DO NOT WRITE IN THIS SPACE

UN00000328207
04/25/05-80069-009 158.75

2. Principal Place of Business
706 HARBOUR POINT WAY
Suite, Apt. #, etc.
City & State
WEST PALM BEACH, FL
Zip
33413
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

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4. FEI Number
20-0946402
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
DEBRA L MAIER
Street Address (P.O. Box Number is Not Acceptable)
706 HARBOUR POINT WAY
City
WEST PALM BEACH
FL
Zip Code
33413

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 *Debra L Maier* DEBRA L MAIER, PRESIDENT 4/14/2005
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, S, T, D DEBRA L MAIER 706 HARBOUR POINT WAY WEST PALM BEACH, FL 33413
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IN THIS SPACE

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 all other like empowered.

SIGNATURE: *Debra L Maier* DEBRA L MAIER 4/14/2005 (561) 966-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #