

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # P15459**

1. Entity Name

THE INTERNATIONAL SOCIETY OF STRESS ANALYSTS, INC.

Principal Place of Business

Mailing Address

9 WESTCHESTER DR.

9 WESTCHESTER DR.

KISSIMMEE
34744

FL

KISSIMMEE
34744

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7304712

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**AMES, WILLIAM I., JR.
9 WESTCHESTER DR.KISSIMMEE
34744

FL

Name

AMES WILLIAM I

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

City

KISSIMMEE

FL

Zip Code
34744

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.

SIGNATURE **WILLIAM I. AMES JR.****05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VPD	BRUNETTE LEO	PO BOX 590	LACENTER WA 98629				
V/D	ERASMUS, JOHN	PO BOX 55111 (N/A)	NORTHLANDS 2116 SO. AFRICA	V/D	ERASMUS JOHN	201 RUBY AVENUE	KISSIMMEE FL 34744
VPD	STANTON DWAYNE	7206 MARTINS COURT	LANHAM MD 20706				
SD	PLUMMER MAC	753 SALINA ST	SYRACUSE NY 13208				
V/D	MC CORKLE, BUD	100 INMAN DR.	INGALLSRE IN 46408	V/D	MCCORKLE BUD	100 INMAN DR.	INGALLS IN 46408
PD	AMES WILLIAM LJR	9 WESTCHESTER DR	KISSIMMEE FL 34744				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: WILLIAM I. AMES JR.

PRES

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)