

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90360 004 \*\*\*\*70.00

**DOCUMENT # P15459**

1. Entity Name

**THE INTERNATIONAL SOCIETY OF STRESS ANALYSTS , I  
 NC.**

Principal Place of Business

Mailing Address

**9 WESTCHESTER DR.  
 KISSIMEE FL 34744**

**9 WESTCHESTER DR.  
 KISSIMEE FL 34744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7304712**

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

**AMES, WILLIAM I  
 9 WESTCHESTER DR.  
 KISSIMEE FL 34744**

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.

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 \$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 **PD** ☐ Delete  
 NAME **AMES, WILLIAM I JR**  
 STREET ADDRESS **9 WESTCHESTER DR**  
 CITY-ST-ZIP **KISSIMEE FL 34744**

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

TITLE **V/D** ☐ Delete  
 NAME **MCCORKLE, BUD**  
 STREET ADDRESS **100 INMAN DR.**  
 CITY-ST-ZIP **INGALLS IN 46408**

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

TITLE **SD** ☐ Delete  
 NAME **PLUMMER, MAC**  
 STREET ADDRESS **753 SALINA ST**  
 CITY-ST-ZIP **SYRACUSE NY 13208**

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

TITLE **VPD** ☐ Delete  
 NAME **STANTON, DWAYNE**  
 STREET ADDRESS **7206 MARTINS COURT**  
 CITY-ST-ZIP **LANHAM MD 20706**

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

TITLE **V/D** ☐ Delete  
 NAME **ERASMUS, JOHN**  
 STREET ADDRESS **201 RUBY AVENUE**  
 CITY-ST-ZIP **KISSIMEE FL 34744**

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

TITLE **VPD** ☐ Delete  
 NAME **BRUNETTE, LEO**  
 STREET ADDRESS **PO BOX 590**  
 CITY-ST-ZIP **LACENTER WA 98629**

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)(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 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*  
**WILLIAM I AMES JR PRESIDENT**

**05/01/02 907-533-5889**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment  
# P15459

