

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013663

1. Entity Name

INTERNATIONAL SERVICES UNLIMITED, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90131 050 \*\*\*150.00

Principal Place of Business 5730 S SUNCOAST BLVD HOMOSASSA FL 34446 US	Mailing Address PO BOX 856 HOMOSASSA FL 34487-0856 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5730 S. Suncoast Blvd Suite, Apt. #, etc. HOMOSASSA FL 34446 City & State	3. Mailing Address PO Box 856 Suite, Apt. #, etc. HOMOSASSA Springs City & State FL
--	--

4. FEI Number 59-3167526	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

Zip usa	Country usa	Zip 34447	Country usa
------------	----------------	--------------	----------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

NEWMAN, MICHAEL J  
5730 S. SUNCOAST BLVD.  
HOMOSASSA FL 34446

7. Name and Address of New Registered Agent

Name: Michael J Newman  
 Street Address (P.O. Box Number is Not Acceptable): 5730 S. Suncoast Blvd  
 City: HOMOSASSA FL 34446  
 State: FL Zip Code: FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWMAN, MICHAEL J 573 S. SUNCOAST BLVD. HOMOSASSA FL 34446 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Newman President 2/3/00 Date: \_\_\_\_\_ Daytime Phone #: 352-628-0555

CR2E034 (9/99)