

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90227 031 ***150.00

DOCUMENT # P93000033637

1. Entity Name
IT IS, IT IS, INC.
INCORPORATED

Principal Place of Business 1677 FORUM PLACE WEST PALM BEACH FL 33401 US	Mailing Address 14191 LITTLE CYPRESS CIR. WEST PALM BEACH FL 33410-1118 US
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2. Principal Place of Business 1649 Forum Place Suite, Apt. #, etc. Suite # 3	3. Mailing Address 111 Ocean Key Way Suite, Apt. #, etc.
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City & State West Palm Beach, FL	City & State Jupiter, FL
Zip 33401	Country USA
Zip 33477	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0434474	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WIDERMANN, THOMAS
 14191 LITTLE CYPRESS CIR.
 WEST PALM BEACH FL 33410**

7. Name and Address of New Registered Agent
 Name **WIDERMANN, Thomas**
 Street Address (P.O. Box Number is Not Acceptable)
111 Ocean Key Way
 City **Jupiter** FL Zip Code **33477**

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 **Thomas Widermann** **Thom E Wid** DATE **4-27-00**
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	D <input type="checkbox"/> Delete WIDERMANN, PAMELA D 14191 LITTLE CYPRESS CIR WEST PALM BEACH FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WIDERMANN, THOMAS 14191 LITTLE CYPRESS CIR. WEST PALM BEACH FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO <input checked="" type="checkbox"/> Delete RICHARDS, CHRIS 3782 VICTORIA DR. WEST PALM BEACH FL 33406
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 WIDERMANN, Pamela 111 Ocean Key Way Jupiter, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition WIDERMANN, Thomas 111 Ocean Key Way Jupiter, FL 33477
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 an other like empowered.

SIGNATURE: **[Signature]** DATE **4-27-2000** DAYTIME PHONE # **561 6065404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)