FILED

03 JUL 16 AM 11:38

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P93000050135

1. Entity Name

INFORMATION SERVICE PROVIDERS, INC.

			•		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 13448 NW 6 DR FORT LAUDERDALE FL 33325		Mailing A 13448 N FORT L		5				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-0426867 Applied			
Zip	Country	Zip	•	Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Curre	nt Registered	Agent.					
				Name				
SHIELDS 2350 NW			Street Address		ddress (P.O. Box Number is Not Acceptable)			
	T CREEK FL 33066							
				City	FL Zip Code			
8. The above the obliga	named entity submits this statement tions of registered agent.	t for the purpose	e of changing its reg	istered office or	registered agent, or both, in the State of Florida. I am familiar with, and as	cept		
SIGNATURE	. Signature, typed or printed name of registered ag	ent and title if applical	ole. (NOTE: Re	gistered Agent signatur	re required when reinstating) DATE	: 1885 -		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fe			
10.		ND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			
TITLE NAME STREET AODRESS CITY-ST-ZIP	P GRIPPO, ROGER 13448 NW 6 DRIVE PLANTATION FL 33325		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change DA 800021629748 07/17/0301669016 **150.00	ddition		
TITLE NAME STREET ADDRESS -CITY-ST-ZIP	VP SKELTON, TERRI 13448 NW 6 DRIVE -PLANTATION FL 33325		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition		
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME	☐ Change ☐ A	ddition		
CITY-ST-ZIP				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 607, 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

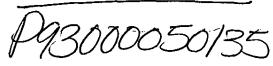
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/03 954-914-5758

AHachment#

Information Service Providers Inc. 13448 NW 6th Drive

Plantation FL 33325



Division of Corporations Uniform Business Reports Filings P.O. BOX 1500 Tallahasse FL 32302

To Whom It May Concern:

I believe that my initial payment of \$150.00 was never received by your office. Please accept this payment \$150.00 for my annual filing.

The initial payment was sent on April 17, 2003.

Sincerely,

Roger Grippo

President