

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90072 047 ***150.00

05/7/2003 AV

DOCUMENT # P94000017422

1. Entity Name
INFORMATION SYSTEMS GROUP, INC.



Principal Place of Business
**4489 BIMINI DR
HERNANDO BEACH, FL 34607**

Mailing Address
**4489 BIMINI DR
HERNANDO BEACH, FL 34607
US**



2. Principal Place of Business

17125 Citrus Way

Suite, Apt. #, etc.
Brooksville

City & State
FL

Zip
34614

Country
Hernando

3. Mailing Address

17125 Citrus Way

Suite, Apt. #, etc.
Brooksville

City & State

Zip
FL 34614

Country
Hernando

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0475930**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALFORD, MERCY
4489 BIMINI DR
HERNANDO BCH FL 34607**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**17125 Citrus Way
Brooksville FL 34614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
NAME **ALFORD, MERCY**
STREET ADDRESS **4489 BIMINI DR**
CITY-ST-ZIP **HERNANDO BCH FL 34607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 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.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

352-592-5887

Daytime Phone #

CR2E034 (10/02)