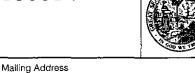
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P94000036684

1. Entity Name POIESIS RESEARCH, INC.



Principal Place of Business 1315 FINLEY DRIVE PENSACOLA FL 32514

1315 FINLEY DRIVE PENSACOLA FL 32514

3. Mailing Address

2.	Principal Place of Business
	Suite, Apt. #, etc.

US

Suite, Apt. #, etc.



**FILED** May 09, 2003 8:00 am § Secretary of State

05-09-2003 90143 003 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

City & State		City & State			4. FEI Number 59-3244237		Applied For	
					00 0241201		Not Applicable	
Zip	Country	Zip	Cour	ntry .	5. Certificate of Status Desired		.75 Additional Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
CUSHMAN, WILLIAM B 1315 FINLEY DR.				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
PENSACOLA F	L 32514							
1				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. I am familiar with, and accept the obligations of registered agent.

**J**IGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

## FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	CUSHMAN, WILLIAM B 1315 FINLEY DR. PENSACOLA FL 32514	NAME STREET ADDRESS CITY-ST-ZIP	□ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	☐ Delete	NAME STREET ADDRESS	☐ Change	☐ Addition
NAME STREET ADDRESS NAME STREET ADDRESS	NAME STREET ADDRESS		NAME STREET ADDRESS	_ ,	Addition
	NAME STREET ADDRESS		NAME STREET ADDRESS	☐ Change	Addition

TITLE ☐ Delete TITLE Addition Change NAME

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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 eath; 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.

NAME

STREET ADDRESS

CITY-ST-ZIP



☐ Addition