

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90351 026 ***150.00

0029213 AV

DOCUMENT # P94000049699

1. Entity Name
INFORMATION SYSTEMS PROFESSIONAL CONSULTING, INC

Principal Place of Business
**11863 MESIA COURT SOUTH
JACKSONVILLE FL 32223**

Mailing Address
**11863 MESIA COURT SOUTH
JACKSONVILLE FL 32223**

2. Principal Place of Business
876 CLOUDBERRY BRANCH WAY
Suite, Apt. #, etc.

3. Mailing Address
876 CLOUDBERRY BRANCH WAY
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL
Zip
32259
Country
ST. JOHNS

City & State
JACKSONVILLE, FL
Zip
32259
Country
ST. JOHNS

4. FEI Number
59-3253985

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOY, JOHN R JR.
11863 MESIA COURT SOUTH
JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name
HOY, JOHN R JR.
Street Address (P.O. Box Number is Not Acceptable)
876 CLOUDBERRY BRANCH WAY
City
JACKSONVILLE FL Zip Code
32259

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 **JOHN R. HOY JR. - PRESIDENT** 3/1/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 HOY, JOHN R. J 11863 MESIA COURT S JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOY, LAGRETTA A. 11863 MESIA COURT S JACKSONVILLE FL	<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	P HOY, JOHN R. JR 876 CLOUDBERRY BRANCH WAY JACKSONVILLE, FL. 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOY, LAGRETTA A. 876 CLOUDBERRY BRANCH WAY JACKSONVILLE, FL. 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R HOY JR - PRESIDENT 3/1/02 (904) 982-0146

Date

Daytime Phone #

CR2E034 (9/01)