

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

0372479

05-14-2001 90091 042 \*\*\*150.00

**DOCUMENT # P94000064795**

1. Entity Name  
**CORPORATE INFORMATION SOLUTIONS, INC.**

Principal Place of Business 10225 ULMERTON RD SUITE 5 B LARGO FL 33771 US	Mailing Address 10225 ULMERTON RD SUITE 5B LARGO FL 33771 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4135 LaSalle Dr.</b>	3. Mailing Address <b>4135 LaSALLE Dr</b>
---	--

Suite, Apt. #, etc. <b>Palm Harbor, FL</b>	Suite, Apt. #, etc.
---	---------------------

City & State <b>Palm Harbor, FL</b>	City & State <b>Palm Harbor, FL</b>
--	--

4. FEI Number <b>59-3264991</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip <b>34685</b> Country <b>USA</b>	Zip <b>34685</b> Country <b>USA</b>
-------------------------------------	-------------------------------------

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

6. Name and Address of Current Registered Agent <b>RAMSEY, CINDY T 9399 133RD ST. NORTH SEMINOLE FL 33776</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4135 LaSalle Dr</b> City <b>Palm Harbor</b> FL Zip Code <b>34685</b>
--	---

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 *Cindy T. Ramsey* DATE 4/28/01  
Signature, typed or printed name of registered agent (Not 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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAMSEY, CINDY T</b> <b>9399 133RD ST. NORTH</b> <b>SEMINOLE FL 34646</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ramsey, Cindy T</b> <b>4135 LaSalle Dr</b> <b>Palm Harbor, FL 34685</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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: *Cindy T. Ramsey* DATE 4/29/01 DAYTIME PHONE # 727-559-8993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)