

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90043 043 ***150.00

DOCUMENT # P95000052765

1. Entity Name

INVESTMENT SOURCES, INC.

Principal Place of Business

Mailing Address

% HOLDING CAPITAL GROUP, INC.
104 CRANDON BLVD., ROOM 419
KEY BISCAYNE FL 33149

% HOLDING CAPITAL GROUP, INC.
104 CRANDON BLVD., ROOM 419
KEY BISCAYNE FL 33149

B0091559



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0596667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTO, MYRNA
104 CRANDON BLVD.
ROOM 419
KEY BISCAYNE FL 33149

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	DONAGHY, JAMES W.	7 RIDGEWOOD DRIVE	BRIDGEWATER CT 06752	
	VS			
	LEISCHNER, STEVEN	1979 DOGWOOD DRIVE	SCOTCH PLAINS NJ 07076	
	CD			
	SPENCER, S.A.	251 CRANDON BLVD., #164	KEY BISCAYNE FL 33149	
	AS			
	DENIS, LYNNE	10 EAST 53RD STREET, 30TH FLOOR	NEW YORK NY 10022	

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

Date

Daytime Phone #

4-22-02 (305) 361-8864

CR2E034 (9/01)