2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P95000077659

1. Entity Name

INDUSTRIAL SYSTEMS CONSULTING & MANAGEMENT, INC.



Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90314 042 ***150.00

FILED

Principal Place of Business 2509 CLUBHOUSE DR. PLANT CITY FL 33567

Mailing Address 2509 CLUBHOUSE DR. PLANT CITY FL 33567

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

3. Mailing Address

ubhouse DR Suite, Apt. #, etc



CHECK HERE IF MAKING CHANGES

Plan+	$\overline{C}i$			FL	
3356	6	E	ountr	SA	

59-3342357

4. FEI Number

Applied For Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

COOK, ROBERT S. 2509 CLUBHOUSE DRIVE PLANT CITY FL 33567

City

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 SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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10.	OFFICERS AND DIRECTO	DRS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOK, ROBERT S	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, CYNTHIA D 2509 CLUBHOUSE DRIVE PLANT CITY FL 33567	☐ Delete
NAME		☐ Delete

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11.

TITLE

☐ Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS

☐ Delete

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME

☐ Delete TITLE NAME STREET ADDRESS

☐ Change

☐ Change

☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)