

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043904

1. Entity Name

I-SITE DESIGNS, INC.

Principal Place of Business

3709 W PLATT ST  
TAMPA FL 33609  
US

Mailing Address

3709 W PLATT ST  
TAMPA FL 33609-2829  
US

2. Principal Place of Business

3014 W Estrella Street

3. Mailing Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 175

City & State

City & State

TAMPA, FL 33629

Zip

Country

Zip

Country

33629

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYONS, MICHAEL B  
3709 W PLATT ST  
TAMPA FL 33609

Name

MICHAEL A PENNA

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

3709 W PLATT ST

City

TAMPA

FL

Zip Code  
33609

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]*

MICHAEL A PENNA, VICE PRESIDENT

4-27-2000

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	LYONS, MICHAEL B	
STREET ADDRESS	3709 W PLATT ST	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE	P	<input type="checkbox"/> Delete
NAME	PICKETT, MATTHEW S	
STREET ADDRESS	13527 IRONTON DR.	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	P	<input type="checkbox"/> Delete
NAME	PENNA, MICHAEL A	
STREET ADDRESS	3709 W PLATT ST	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, MATTHEW S	
STREET ADDRESS	2503 - B KANSAS AVE.	
CITY - ST - ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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]*

MICHAEL A PENNA, VICE PRESIDENT

4-27-2000

813-876-2226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90060 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3397754** Applied For ☐ Not Applicable ☐

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

CR2E034 (9/99)