

(AMENDED)

2001 UNIFORM BUSINESS REPORT (UBR).

DOCUMENT # P96000095052

1. Entity Name

PRODUCTS AND INFORMATION INCORPORATED

FILED
IN SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 2001 9:00:00
01 OCT 2001 9:00:00 ***150.00

Principal Place of Business

Mailing Address

RENA IZARRY

16128 RAMBLING WIND DR
TAMPA, FL 33624

16128 RAMBLING WIND DR
TAMPA, FL 33624

600004657636--3

-10/29/01--01076--017

*****61.25 *****61.25

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 65-0708804

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

RENA IZARRY

16128 RAMBLING WIND DR
TAMPA, FL 33624

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

Rena Izarry

10/10/01

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, 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 ☐ Delete
RENA IZARRY
STREET ADDRESS 16128 RAMBLING WIND DR
CITY-ST-ZIP TAMPA, FL 33624

TITLE NAME ☐ Change ☐ Additio
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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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, will not appear like empowered.

SIGNATURE:

Rena Izarry

Date

Daytime Phone #