

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90158 023 \*\*\*150.00

DOCUMENT # **P96000098600**

1. Entity Name  
**INFORMATION SOLUTIONS 2000, INC.**

**DBA ENTROFORCE**



Principal Place of Business  
**2500 NW 29 MANOR  
POMPANO BEACH FL 33069**

Mailing Address  
**P.O. BOX 266334  
WESTON FL 33326**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0714398**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**LOWE, JUDY R  
378 CARRINGTON DRIVE  
WESTON FL 33326**

**7. Name and Address of New Registered Agent**

Name **WALTER M LOWE**  
Street Address (P.O. Box Number is Not Acceptable) **378 CARRINGTON DRIVE**  
City **WESTON** FL Zip Code **33326**

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 the obligations of registered agent.

SIGNATURE *Walter M Lowe*

DATE **4/8/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LOWE, JUDY R</b>
STREET ADDRESS	<b>378 CARRINGTON DRIVE</b>
CITY-ST-ZIP	<b>WESTON FL 33326</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LOWE, WALTER M</b>
STREET ADDRESS	<b>378 CARRINGTON DRIVE</b>
CITY-ST-ZIP	<b>WESTON FL 33326</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter M Lowe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/8/2003** DAYTIME PHONE # **954-974-1192**

CR2E034 (10/02)