

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90096 033 ***150.00

DOCUMENT # P97000051270 ✓

1. Entity Name

INFRARED SYSTEMS DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7319 SANDSCOVE CT #4

3. Mailing Address

Suite, Apt. #, etc.

SUITES 3, 4 + 5

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

Zip

32792

Country

USA

Zip

Country

4. FEI Number

59-3451805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANDREW J. DURAN

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

7319 SANDSCOVE CT #4

City

WINTER PARK

FL

Zip Code

32792

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANDREW J. DURAN 7319 SANDSCOVE CT #4 WINTER PARK, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CARLENE R. DURAN 7319 SANDSCOVE CT #4 WINTER PARK, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 master empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

4/25/02 (407) 679-5101

CR2E034B (12/01)