

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101736

1. Entity Name

INDUSTRY INFORMATION SERVICES, INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90064 003 \*\*\*150.00

Principal Place of Business

5104 N ORANGE BLOSSOM TRAIL  
#205  
ORLANDO FL 32810  
US

Mailing Address

5104 ORANGE BLOSSOM TRAIL  
#205  
ORLANDO FL 32819  
US

2. Principal Place of Business

5104 N Orange Blossom Trl  
Suite, Apt. #, etc.  
III

3. Mailing Address

5104 N Orange Blossom Trl  
Suite, Apt. #, etc.  
III

City & State

Orlando FL  
Zip Country  
32810 US

City & State

Orlando FL  
Zip Country  
32810 US

4. FEI Number

59-3479655

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required -

6. Name and Address of Current Registered Agent

BRENNAN, PEGGY  
5104 N ORANGE BLOSSOM TRAIL  
STE 205  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name Olga Garcia  
Street Address (P.O. Box Number is Not Acceptable)  
5104 N Orange Blossom Trl  
III  
City Orlando FL Zip Code 32810

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 Olga Garcia Olga Garcia - Office Manager - 1-8-01  
Signature, typed or printed name of registered agent and title if applicable. (NOT 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

TITLE PD  
NAME MCKINNON, CHERYL L  
STREET ADDRESS 259 CHURCHILL DRIVE  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01 (407) 532-7314

UBR03/0

CR2E034 (10/00)