

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

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

**DOCUMENT # P97000101736**

1. Entity Name

**INDUSTRY INFORMATION SERVICES, INC.**

Principal Place of Business

5104 N ORANGE BLOSSOM TRIAL  
 #205  
 ORLANDO FL 32810  
 US

Mailing Address

5104 ORANGE BLOSSOM TRIAL  
 #205  
 ORLANDO FL 32819  
 US

2. Principal Place of Business

5104 N Orange Blossom Trl

3. Mailing Address

5104 N Orange Blossom Trl

Suite, Apt. #, etc.

III

Suite, Apt. #, etc.

III

City & State

Orlando FL

City & State

Orlando FL

Zip

Country

32810 US

Zip

Country

32810 US



DO NOT WRITE IN THIS SPACE

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.  
 Suite: 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.

(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.

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MCKINNON, CHERYL L	259 CHURCHILL DRIVE	LONGWOOD FL 32779	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Olga Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

(407)532-7314

Daytime Phone #

UBR03570

CR2E034 (10/00)