

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019003

1. Entity Name

INFORMATION NET SOURCE CORP.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90104 040 ***150.00

Principal Place of Business

Mailing Address

5654 KIWANIS PL. N.E.
ST. PETERSBURG FL 33703

5654 KIWANIS PL. N.E.
ST. PETERSBURG FL 33703-2526

2. Principal Place of Business

2116 Montana Ave. N.E.
Suite, Apt. #, etc.

3. Mailing Address

2116 Montana Ave. N.E.
Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33703

Country

U.S.

City & State

St. Petersburg, FL

Zip

33703

Country

U.S.

4. FEI Number

59-3495203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAKE, GERALD W
2002 NORTH LOIS AVE. STE. 410
TAMPA FL 33607

7. Name and Address of New Registered Agent

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

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS BERKMAN, DONNA
CITY-ST-ZIP 5654 KIWANIS PL. N.E.
ST. PETERSBURG FL 33703

TITLE ☐ Delete
NAME V
STREET ADDRESS SHADDAY, TAMARA L
CITY-ST-ZIP 5654 KIWANIS PL. N.E.
ST. PETERSBURG FL 33703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2116 Montana Ave. N.E.
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2116 Montana Ave. N.E.
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Donna Berkman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Berkman

(727) 528-8734

Date

Daytime Phone #

CR2E034 (9/99)