

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000019003****1. Entity Name**
INFORMATION NET SOURCE CORP.**FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90007 023 ***150.00

Principal Place of Business2116 MONTANA AVE NE
SAINT PETERSBURG FL 33703
US**Mailing Address**2116 MONTANA AVE NE
SAINT PETERSBURG FL 33703
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3495203

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**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)

2002 NORTH LOIS AVE. STE. 400

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	BERKMAN, DONNA	
STREET ADDRESS	2116 MONTANA AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHADDAY, TAMARA L	
STREET ADDRESS	2116 MONTANA AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01

Date

722-522-4312

Daytime Phone #

CR2E034 (10/00)