2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019262

Entity Name

INFOSTRATEGY, INC.

Principal Place of Business

N. PINE ISLAND ROAD. SUITE 308
PLANTATION FL 33322

Mailing Address

1859 N. PINE ISLAND ROAD. SUITE 308
PLANTATION FL 33322-5224

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number **NOT APPLICABLE**
City & State	City & State		5. Certificate of Status Desired ☐
Zip	Zip	Country	

Applied For
Not Applicable

$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

JOSLIN, JAY P
1859 N. PINE ISLAND ROAD, SUITE 308
PLANTATION FL 33322

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.

15 Apr 2000
DATE

SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Change ☐ Addition

OFFICERS AND DIRECTORS

11.			12.	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOSLIN, JAY P		NAME	
STREET ADDRESS	1859 N. PINE ISLAND ROAD, SUITE 308		STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	☐ Delete	CITY-ST-ZIP	
TITLE			TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	
TITLE			TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	
TITLE			TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	
TITLE			TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	
TITLE				
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, or on an attachment with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Apr 2000
Date

954 424-
Daytime Phone #