

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042608

1. Entity Name

INDEPENDENT SPECIALTIES INSTALLERS, INC.

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90009 033 \*\*\*550.00

Principal Place of Business

5041 TREIMAN BLVD.  
 DADE CITY FL 33523

Mailing Address

5041 TREIMAN BLVD.  
 DADE CITY FL 33523

2. Principal Place of Business

418 S. BROAD STREET

Suite, Apt. #, etc.

3. Mailing Address

418 S. BROAD STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BROOKSVILLE, FL.

City & State

BROOKSVILLE, FL.

4. FEI Number

59-3525394

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

VONDRAN, DAVID  
 5041 TREIMAN BLVD.  
 DADE CITY FL 38523

7. Name and Address of New Registered Agent

Name

VONDRAN, DAVID

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

418 S. BROAD STREET

City

BROOKSVILLE

FL

Zip Code

34601

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 P  
 NAME VONDRAN, DAVID  
 STREET ADDRESS 5041 TREIMAN BLVD.  
 CITY-ST-ZIP DADE CITY FL 33523 ☐ 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 PRESIDENT ☒ Change ☐ Addition  
 NAME DAVID VONDRAN  
 STREET ADDRESS 418 S. BROAD ST.  
 CITY-ST-ZIP BROOKSVILLE, FL. 34601

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 REQUIRED

9-11-2000

352-848-0094

Date

Daytime Phone #

CR2E034 (5/00)