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**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000064845

1. Entity Name
T.D. of Palm Beach Inc.
Dba Invention Submission Corp.



FILED

03 JUN -3 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400020826304
06/13/03--01080--008 **300.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
801 International Pkwy
Suite, Apt. #, etc.

3. Mailing Address
801 International Pkwy.
Suite, Apt. #, etc.

City & State
Lake Mary, FL

City & State
Lake Mary, FL

Zip
32746

Country
USA

Country
USA

4. FEI Number
65-085-2151

Applied For
☐ Not Applicable

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

7. Name and Address of Current Registered Agent

Name John M. Dennis

Street Address (P.O. Box Number is Not Acceptable)
179 Villa Deste Terrace Apt # 201, Bldg 2

City Lake Mary, FL FL 32746

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<u>Director</u>	<u>John M Dennis</u>	<u>179 Villa Deste Terrace, Apt # 201, Bldg 2</u>	<u>Lake Mary, FL 32746</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-02-03 407-256-6078

Date Daytime Phone #

CR2E034B (12/02)



2/2

May 13, 2003

*Public Access Accounts
Attn: Reinstatements
P.O. Box 6327
Tallahassee, FL 32314*

To Whom it May Concern,

Please waive any reinstatement fees that have been attached to my account as a 2002 UBR application was never received. Our business changed locations on 12/1/2001 and the form was not forwarded to our new address. I have enclosed a check in the amount of \$300.00 for the past two years.

Thank you for this consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "John Dennis", is written over the word "Sincerely,".

John Dennis

