

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90120 025 \*\*\*150.00

**DOCUMENT # P98000069041**

1. Entity Name

**INTELLIGENT SYSTEMS SOLUTIONS & SERVICES, INC.**

Principal Place of Business

7309 1ST AVE SOUTH  
ST PETERSBURG FL 33707

Mailing Address

7309 1ST AVE SOUTH  
ST PETERSBURG FL 33707

2. Principal Place of Business

536 20th Ave  
Suite, Apt. #, etc.

3. Mailing Address

536 20th Ave  
Suite, Apt. #, etc.

City & State

Indian Rocks Beach, FL

City & State

Indian Rocks Beach, FL

Zip

33785

Country

USA

Zip

33785

Country

USA

4. FEI Number

59-3530913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J  
201 N FRANKLIN ST  
ONE TAMPA CITY CENTER, SUITE 2100  
TAMPA FL 33602

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, 2001 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 D  
NAME JOHNSON, OBIE J.E.  
STREET ADDRESS 7309 1ST AVE SOUTH  
CITY-ST-ZIP ST PETERSBURG FL 33707 ☐ Delete

TITLE D  
NAME COBB, MICHAEL E  
STREET ADDRESS 7309 1ST AVE SOUTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33707 ☐ 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 D  
NAME Johnson, Obie J.E.  
STREET ADDRESS 536 20th Ave  
CITY-ST-ZIP Indian Rocks Beach, FL 33785 ☒ Change ☐ Addition

TITLE D  
NAME Cobb, Michael E.  
STREET ADDRESS 536 20th Ave  
CITY-ST-ZIP Indian Rocks Beach, FL 33785 ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/01  
Date

(727) 480-8797  
Daytime Phone #

CR2E034 (10/00)

0360235