

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91697 026 \*\*\*150.00

**DOCUMENT # P98000082691**

**1. Entity Name**  
**INTERNATIONAL SOLUBLES CORPORATION**

**Principal Place of Business**  
**952 LAKE DESTINY ROAD., STE F**  
**ALTAMONTE SPRINGS FL 32714**

**Mailing Address**  
**952 LAKE DESTINY ROAD., STE F**  
**ALTAMONTE SPRINGS FL 32714**

00119924



**2. Principal Place of Business**  
**1126 Druid Rd.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**1126 Druid Rd.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
**Maitland, FL**  
**Zip** **32751** **Country** **Orange**

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**Zip** **32751** **Country** **Orange**

**4. FEI Number** **59-3540912** **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SEA, VAN A**  
**1126 DRUID ROAD**  
**MAITLAND FL 32751**

**7. Name and Address of New Registered Agent**

**Name** **VAN A. SEA**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1126 Druid Road**  
**City** **Maitland** **FL** **Zip Code** **32751**

**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]* **VAN A. SEA** **7/6/2002**  
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, 2002 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** **CEOP** ☐ Delete  
**NAME** **SARMIENTO, HENRY L**  
**STREET ADDRESS** **951 LAKE DESTINY RD**  
**CITY-ST-ZIP** **ALTAMONTE SPRINGS FL**

**TITLE** **V** ☒ Delete  
**NAME** **SEA, STEWART**  
**STREET ADDRESS** **522 ORANGE AVE**  
**CITY-ST-ZIP** **ALTAMONTE SPRINGS FL 32714**

**TITLE** **ST** ☐ Delete  
**NAME** **SEA, DEBRA**  
**STREET ADDRESS** **1126 DRUID RD**  
**CITY-ST-ZIP** **MAITLAND FL 32751**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **CEO** ☐ Change ☒ Addition  
**NAME** **SEA, VAN A.**  
**STREET ADDRESS** **1126 Druid Road**  
**CITY-ST-ZIP** **MAITLAND, FL 32751**

**TITLE** **Pres.** ☒ Change ☐ Addition  
**NAME** **Sarmiento, Henry L.**  
**STREET ADDRESS** **951 Lake Destiny Rd. Suite F**  
**CITY-ST-ZIP** **Altamonte Springs, FL 32714**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Change ☐ Addition  
**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:** *[Signature]* **L. HENRY SARMIENTO** **7-6-2002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0072488 AV

CR2E034 (9/01)