

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000101401**

1. Entity Name **Executive Information Systems Consultants, Inc.**

FILED

00 MAY 26 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**155 Ocean lane Dr.
Apt 803. West
Key Biscayne FL. 33149**

Mailing Address
**28 b dreve de Nivelles
1150. Brussels.
Belgium**

2. Principal Place of Business
**155 Ocean Lane drive
Suite, Apt. #, etc.
Apt. 803 West**

3. Mailing Address
**28b dreve de Nivelles
Suite, Apt. #, etc.
Bte: 16 1150**

DO NOT WRITE IN THIS SPACE

City & State
Key Biscayne. FL

City & State
Brussels

4. FEI Number **65 - 0889115**

Applied For
☐ Not Applicable

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

Zip
33149

Country
U.S.A.

Zip
1150

Country
Belgium

6. Name and Address of Current Registered Agent

**Court Access Centers of America, Inc.
707 E. Kennedy Blvd.
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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
NAME **Feldberg, Ralph M.**
STREET ADDRESS **Dreve de Nivelles 28b Bte-16**
CITY-ST-ZIP **1150 Brussels Belgium**

TITLE ☐ Change ☐ Addition
NAME **500003282915-7**
STREET ADDRESS **-06/09/00--01077--007**
CITY-ST-ZIP ******158.75 ****158.75**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Ralph M Feldberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15th 322-770-22-86

Date

Daytime Phone #

CR2 :014: (9/99)

SP