

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054931

1. Entity Name

ISSUERS TRUST, INC.

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90064 011 ***150.00

Principal Place of Business

Mailing Address

318 BROADVIEW AVE.
ALTAMONTE SPRINGS FL 32701

318 BROADVIEW AVE.
ALTAMONTE SPRINGS FL 33483-5305

2. Principal Place of Business

320 Ocean Blvd

3. Mailing Address

Suite, Apt. #, etc.

Lower Unit A

City & State
Delray Beach FL

City & State

4. FEI Number

59-3580655

Applied For

Not Applicable

Zip
33483

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENE, LINDA S
318 BROADVIEW AVE.
ALTAMONTE SPRINGS FL 32701

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 PD
NAME GREENE, LINDA S
STREET ADDRESS 318 BROADVIEW AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE PD
NAME Greene, Linda S
STREET ADDRESS 320 Ocean Blvd, Lower Unit A
CITY-ST-ZIP Delray Beach FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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:

Linda S Greene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

(561)

750-8778

Daytime Phone #

CR2E034 (9/99)