

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

DOCUMENT # *P99000054931*

1. Entity Name

ISSUERS TRUST, Inc.

**FILED
Apr 22, 2002 8:00 am
Secretary of State**

04-22-2002 90124 037 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5020 N. LA SEDONA Circle

3. Mailing Address

5020 N. LA SEDONA Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH

*DELRAY BEACH
FLORIDA*

Zip

33484

Country

U.S.A.

Zip

33484

Country

U.S.A.

4. FEI Number

59-3580655

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *Linda S. GREENE*

Street Address (P.O. Box Number is Not Acceptable).

5020 N. LASEDONA Circle

City

DELRAY BEACH

FL

Zip Code

33484

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *P*
NAME *LINDA S. GREENE*
STREET ADDRESS *5020 N. LA SEDONA Circle*
CITY-ST-ZIP *DELRAY BEACH, FL. 33484*

TITLE
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 on an attachment with all other like empowered.

SIGNATURE: *Linda S. Greene*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/02 (561) 901-6136
Date Daytime Phone #

CR2E034B (12/01)