

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062734

1. Entity Name

ISO-LUTIONS CONSULTING, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90271 023 ***150.00

Principal Place of Business

Mailing Address

1 TRIDENT COURT
SIMPSONVILLE SC 29680

1 TRIDENT COURT
SIMPSONVILLE SC 29680-6275

2. Principal Place of Business

3. Mailing Address

921 ALMERIA LN, SW

921 ALMERIA LN, SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY, FL

City & State

PALM BAY, FL

4. FEI Number

59 3609166

Applied For

Not Applicable

Zip

32908

Country

USA

Zip

32908

Country

USA

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

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE
CORAL GABLES FL 33131

Name

MURRAY L. WEISS

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

921 ALMERIA LN, SW

City

PALM BAY

FL

Zip Code

32908

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

Murray Weiss

MURRAY L. WEISS - PRESIDENT

4-27-00

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 ☐ Delete
NAME D
STREET ADDRESS WEISS, MURRAY L
CITY-ST-ZIP 1 TRIDENT COURT
SIMPSONVILLE SC 29680

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS WEISS, MURRAY L.
CITY-ST-ZIP 921 ALMERIA LN SW
PALM BAY, FL 32908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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:

Murray Weiss

MURRAY L. WEISS

4-27-00

(321) 952-8204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)