

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90001 030 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99000089900**
1. Entity Name
Information Resources & Solutions, Inc.

Principal Place of Business
5910 NW 93 Terr.
Tamarae, FL 33321

Mailing Address
Box 26958
Ft. Lauderdale, FL 33321

2. Principal Place of Business
5910 NW 93 Terr.
Suite, Apt. #, etc.

3. Mailing Address
Box 26958
Suite, Apt. #, etc.

City & State
Tamarae, FL

City & State
Ft. Lauderdale, FL

Zip
33321

Country
US

Zip
33320

Country
US

4. FEI Number
65-0963576

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Grace Klinefelter
5910 NW 93 Terr.
Tamarae, FL 33321

7. Name and Address of New Registered Agent
Name
Grace Klinefelter
Street Address (P.O. Box Number is Not Acceptable)
5910 NW 93 Terr.
City
Tamarae FL Zip Code
33321

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 **Grace Klinefelter** **Grace Klinefelter** **4/10/00**
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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Grace Klinefelter		NAME		
STREET ADDRESS	5910 NW 93 Terr.		STREET ADDRESS		
CITY-ST-ZIP	Tamarae, FL 33321		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Douglas Klinefelter		NAME		
STREET ADDRESS	75 Porters Point Rd.		STREET ADDRESS		
CITY-ST-ZIP	Colchester, VT		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Grace Klinefelter** **Grace Klinefelter** **4/10/00** **954 720-5720**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)