

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99000089900

1. Entity Name
Information Resources & Solutions, Inc.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90123 038 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

S970NW93Tev.

Suite, Apt. #, etc.

3. Mailing Address

Box 26958

Suite, Apt. #, etc.

A0045763

DO NOT WRITE IN THIS SPACE

City & State

Tamarae, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0963576

Applied For

Not Applicable

Zip

33321

Country

US

Zip

33320-6958

Country

US

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

Grace Klinfelter

Box 26958

Ft. Lauderdale, FL 33320-6958

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME Grace Klinfelter
STREET ADDRESS Box 26958
CITY-ST-ZIP Ft. Lauderdale, FL 33320-6958

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

TITLE ☐ Delete
NAME Director
STREET ADDRESS Douglas Klinfelter
CITY-ST-ZIP 75 Porters Point Rd. Colchester, VT 05601

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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: Grace Klinfelter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 (954) 720-5720
Date Daytime Phone #

CR2E034 (11/00)