

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90118 021 ***150.00

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DOCUMENT # P99000089900

1. Entity Name

INFORMATION RESOURCES & SOLUTIONS INC.

Principal Place of Business

5970 NW 93RD TERRACE.
 FORT LAUDERDALE FL 33321

Mailing Address

P.O. BOX 26958
 FORT LAUDERDALE FL 33320-6958

2. Principal Place of Business

6633 Bayfront Dr. ←

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Margate, FL

City & State

4. FEI Number **65-0963576**

Applied For
 Not Applicable

Zip
 33063

Country
 Forward

Zip

Country

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

6. Name and Address of Current Registered Agent

KLINEFELTER, GRACE
BOX 26958
FT LAUDERDALE FL 33320-6958

7. Name and Address of New Registered Agent

Name
 Grace Klinefelter
 Street Address (P.O. Box Number is Not Acceptable)
 6633 Bayfront Dr.
 City
 Margate FL Zip Code
 33063

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

P
KLINEFELTER, GRACE
BOX 26958
FT. LAUDERDALE FL 33320-6958

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

Same
 Same
 6633 Bayfront Dr.
 Margate, FL 33063

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

D
KLINEFELTER, DOUGLAS
75 PORTERS POINT ROAD
COLCHESTER VT 05601

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/02 (954) 974-2739
 Date Daytime Phone #

CR2E034 (9/01)