

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S41353**

1. Entity Name
INDEPENDENT INFORMATION SERVICES, INC.

Principal Place of Business
6998 N. U.S. HWY 27
SUITE 200
OCALA FL 34482
US

Mailing Address
6998 N. U.S. HWY 27
SUITE 200
OCALA FL 34482
US

2. Principal Place of Business
975 NW 70 TER
Suite, Apt. #, etc.
Ste. 100

3. Mailing Address
975 NW 70 TER
Suite, Apt. #, etc.
Ste. 100

City & State
OCALA FL

City & State
OCALA FL

4. FEI Number
59-3066353

Applied For
Not Applicable

Zip
34482

Country
USA

Zip
34482

Country
USA

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

6. Name and Address of Current Registered Agent

JONES, CONNIE B.
975 N.W. 70TH TERRACE
OCALA FL 34482

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE **PD** ☐ Delete
NAME **JONES, CONNIE B.**
STREET ADDRESS **975 N.W. 70TH TERRACE**
CITY - ST - ZIP **OCALA FL 34482**

TITLE **SD** ☒ Delete
NAME **CAVANAUGH, PEGGY M.**
STREET ADDRESS **7809 N.W. 125 ST.**
CITY - ST - ZIP **REDDICK FL 32686**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **SD** ☒ Change ☐ Addition
NAME **JONES, BOBBY L.**
STREET ADDRESS **975 NW 70 TER**
CITY - ST - ZIP **OCALA, FL 34482**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2002 **352-732-5001**
Date Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90011 034 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)