

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91708 037 \*\*\*550.00

**DOCUMENT # S52469**

1. Entity Name

**INFORMATION PRODUCTS, INC.**

Principal Place of Business

**117 AZALEA POINT DRIVE NORTH  
 PONTE VEDRA BEACH FL 32082**

Mailing Address

**117 AZALEA POINT DRIVE NORTH  
 PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

**207 S. Roscoe Blvd**

Suite, Apt. #, etc.

3. Mailing Address

**207 S. Roscoe Blvd**

Suite, Apt. #, etc.

City & State

**Ponte Vedra Beach, FL**

City & State

**Ponte Vedra Beach, FL**

Zip

Country

**32082-4360 USA**

Zip

Country

**32082-4360 USA**

6. Name and Address of Current Registered Agent

**WISHARD, STEVEN M.**

**117 AZALEA POINT DRIVE NORTH  
 PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name

**Wishard, Steven M**

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

**207 S. Roscoe Blvd**

City

**Ponte Vedra Beach**

**FL**

Zip Code

**32082-4360**

4. FEI Number

**59-3075009**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



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]*

**Steven M Wishard President**

**5/20/2002**

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

TITLE ☐ Delete  
 NAME **WISHARD, STEVEN M.**  
 STREET ADDRESS **117 AZALEA POINT DR NO**  
 CITY-ST-ZIP **PONTE VEDRA BCH FL**

TITLE ☐ Delete  
 NAME **WISHARD, LORI N.**  
 STREET ADDRESS **117 AZALEA POINT DR N**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL**

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

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

TITLE ☐ Change ☐ Addition  
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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

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steven M. Wishard**

**5/20/2002**

Date

**904-571-5013**

Daytime Phone #

CR2E034 (9/01)