## UNIFORM BUSINESS REPORT (UBR)

## **JUMENT # 719954**

## INTEGRATED SERVICES, INC.

Principal Place of E	Business	Mailing Address			
2711 EXCHANGE CT WEST PALM BEACH FL 33409		2711 EXCHANGE CT WEST PALM BEACH FL 33409-4017			
2. Principal Place	of Business	3. Mailing Address	S		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4.	
Zip	Country	Zip	Country	5.	
6.	. Name and Address of Cu	rrent Registered Agent		7.	
			Name		

## FILED Mar 22, 2000 8:00 am Secretary of State 03-22-2000 90018 001 \*\*\*\*61.25



NAME   HERPER, GAREY   Ferfer   Street Address   Street			-			I Bât (I BIR I BIST I BIST BIST ALET A		1811 61611 616	
Zip Country Zip Country 5. Certificate of Status Desired S. \$3.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required Name  CONSIDINE, JOSEPH M  105-50UTH INARCHSSUS-AVENUE 301 Currents 5-4 BUTTE-1472  WEST PALM BEACH FL 33401  6. The above named entity automist this statement for the purpose of changing its registered agent or both, in the state of Fiorida.  SIGNATURE  Signature, typed or protes name of long general agent and the Tagglecable.  PEE IS \$61.25  FILE NOW: FEE IS \$61.25  FILE	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SP	ACE	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name CONSIDINE, JOSEPH M 105-90/JITH NAMCKSUS-AVENUE 301 Currod-15-54 SUITE-442 WEST PALM BEACH FL 33401 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Fiorda.  SIGNATURS  SIGNATUR	City & State	9	City & State	<del></del>	4. FEI Numbe	er 23-7098114			·
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SIGNATURE		-		Name					
### REST PALM BEACH FL 33401  ### REST PALM BEACH FL 33405  ### RE	CONSIDIN	E, JOSEPH M H <del>TNARCISSUS AVENUE</del> 301	Climates St	Street Ad	ddress (P.O. Box Numbe	er is Not Acceptable)			
SIGNATURE    Signature typed or printed name of registered agent and life if appiration.   PATE	-00115 115	•			- In-		FL	Zip Code	<del></del>
SIGNATURE    Signature typed or printed name of registered agent and life if appiration.   PATE	8 The above	named entity submits this statement for t	the purpose of changing its rec	nistered office or	registered agent, or bot	th, in the state of Florida.		L	
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12. 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				CITY-ST-ZIP					
	12. I hereby o	certify that the information supplied with t	his filing does not qualify for the	e exemption stat	ed in Section 119.07(3)	(i), Florida Statutes. I furth	er certin	that the ir	nformation

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: