

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-13-2002 90139 048 ****61.25

DOCUMENT # 719954

1. Entity Name

PRIDE INTEGRATED SERVICES, INC.

Principal Place of Business

Mailing Address

~~EXCHANGE CT~~
 WEST PALM BEACH FL 33409

~~2711 EXCHANGE CT~~
 WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1310 N. CONGRESS AVE # 200

Suite, Apt. #, etc.
1310 N. CONGRESS AVE # 200

City & State

City & State

4. FEI Number
23-7098114

Applied For
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONSIDINE, JOSEPH M
301 CLEMONIS ST
#200
WEST PALM BEACH FL 33401

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
STD
 NAME **HERTER, GAREY**
 STREET ADDRESS **5801 CORPORATE WAY 320**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
PD
 NAME **GEORGE, MIM MS.**
 STREET ADDRESS **421 3RD STREET**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
D
 NAME **MCGREEVEY, PATRICK**
 STREET ADDRESS **421 3RD STREET**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
CFO
 NAME **WOODLEY, LORI**
 STREET ADDRESS **309 MADDOX ST**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE Change Addition
CFO
 NAME **POTTER, JOHN**
 STREET ADDRESS **1897 PALM BEACH LAKES BLVD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE Delete
CEO
 NAME **FERRILL, MAUREEN**
 STREET ADDRESS ~~**7610 LITTLE ROAD, STE #350**~~
 CITY-ST-ZIP ~~**NEW PORT RICHEY FL 34634**~~

TITLE Change Addition
CEO
 NAME **Ferrill, Maureen**
 STREET ADDRESS **1310 N. Congress Ave Suite 200**
 CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: *John Potter* **SIGNATURE REQUIRED**

N 4/24/02 N 684-2370

CR2E037 (9/01)