

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719954

FILED
Mar 01, 2021
Secretary of State
6526998746CC

Entity Name: PRIDE INTEGRATED SERVICES, INC.

Current Principal Place of Business:

1897 PALM BEACH LAKES BLVD, #121
WEST PALM BEACH, FL 33409

Current Mailing Address:

1897 PALM BEACH LAKES BLVD, #121
WEST PALM BEACH, FL 33409 US

FEI Number: 23-7098114

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FERRILL, MAUREEN D
1897 PALM BEACH LAKES BLVD, #121
WEST PALM BEACH, FL 33409 US

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: MAUREEN D. FERRILL

03/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name SMITH, BOBBY "TONY"
Address 1897 PALM BEACH LAKES BLVD, #121
City-State-Zip: WEST PALM BEACH FL 33409

Title STD
Name BERMAN, TANI P
Address 1897 PALM BEACH LAKES BLVD, #121
City-State-Zip: WEST PALM BEACH FL 33409

Title CFO
Name MOSS, DANA MSR
Address 1897 PALM BEACH LAKES BLVD, #121
City-State-Zip: WEST PALM BEACH FL 33409

Title CEO
Name FERRILL, MAUREEN
Address 1897 PALM BEACH LAKES BLVD, #121
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR
Name HOLLANDER, SANDER
Address 1897 PALM BEACH LAKES BLVD, #121
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR
Name MITCHELL, LEONARD B
Address 1897 PALM BEACH LAKES BLVD, #121
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR
Name WALKER, MORAIMA
Address 1897 PALM BEACH LAKES BLVD, #121
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR
Name SANSBURY, JOHN
Address 1897 PALM BEACH LAKES BLVD, #121
City-State-Zip: WEST PALM BEACH FL 33409

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAUREEN D. FERRILL

CEO

03/01/2021

Electronic Signature of Signing Officer/Director Detail

Date