

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 685372

1. Entity Name

INTRAGRATED SYSTEMS ASSOCIATES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90144 041 ***150.00

Principal Place of Business

45 OLIVE STREET
BROOKSVILLE FL 34601-2125
US

Mailing Address

45 OLIVE STREET
BROOKSVILLE FL 34601-2125
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

250 SUNSET DR

Suite, Apt. #, etc.

250 SUNSET DR

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

Zip

34601-1038

Country

USA

Zip

34601-1038

Country

USA

4. FEI Number

59-2049402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, RICHARD E
45 OLIVE STREET
BROOKSVILLE FL 34601-2125

7. Name and Address of New Registered Agent

Name

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

250 SUNSET DR

City

BROOKSVILLE

FL

Zip Code

34601-1038

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's 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, 2001 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 VST
NAME ANDERSON, RICHARD E
STREET ADDRESS 45 OLIVE STREET
CITY- ST- ZIP BROOKSVILLE FL 34601-2125 ☐ Delete

TITLE P
NAME JENKINS, LINDA D.
STREET ADDRESS 45 OLIVE STREET
CITY- ST- ZIP BROOKSVILLE FL 34601-2125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 250 SUNSET DR
CITY- ST- ZIP BROOKSVILLE, FL 34601-1038 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 250 SUNSET DR
CITY- ST- ZIP BROOKSVILLE, FL 34601-1038 ☒ Change ☐ Addition

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)