

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 91007 027 \*\*\*150.00

DOCUMENT # *F02000000430*

1. Entity Name

Integrated Actuarial Services, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

700 W. Granada Blvd.

3. Mailing Address

700 W. Granada Blvd.

Suite, Apt. #, etc.

#104

Suite, Apt. #, etc.

#104

DO NOT WRITE IN THIS SPACE

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

4. FEI Number

36-3981554

Applied For

Not Applicable

Zip

32174

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Bernard Kavanagh

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

3111 Kailani Court

City

Ormond Beach

FL

Zip Code  
32174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Bernard Kavanagh*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Bernard Kavanagh  
3111 Kailani Court  
Ormond Beach, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Marc Pitoniak  
10244 Longmont Drive  
Houston, TX 77042

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Mary Kay Keating  
3111 Kailani Court  
Ormond Beach, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
Melissa Kavanagh  
1 John Anderson Drive, #118  
Ormond Beach, FL 32176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Chairman  
Brian Kavanagh  
3111 Kailani Court  
Ormond Beach, FL 32174

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*Melissa Kavanagh* MELISSA KAVANAGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 386-673-1919

Date

Daytime Phone #

CR2E034B (12/02)