

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000520

1. Entity Name
ITS BILLING INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91310 020 ***150.00

Principal Place of Business

100 WALLICERNE
STE 403
ORLANDO FL 32801

Mailing Address

2524 ALCLOBE CIR
OCOE FL 34761

657531

2. Principal Place of Business

3545 UNIVERSAL PLAZA

3. Mailing Address

20505 4519 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#12-136

City & State

NEW PORT RICHEY, FL

City & State

CLEARWATER, FL

4. FEI Number 59-3421243

Applied For
Not Applicable

Zip

34652

Country

PASCO

Zip

33764

Country

ANGLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER, JAMES R
2 N FERNWOOD UNIT 19
CLEARWATER FL 33765

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BECKER, JAMES R
STREET ADDRESS 2 N FERNWOOD UNIT 19
CITY-ST-ZIP CLEARWATER FL 33765

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

TITLE COO ☐ Delete
NAME FREEMAN, DAMIAN
STREET ADDRESS 2524 ALCLOBE CIR
CITY-ST-ZIP OCOEE FL 34761

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: JAMES R BECKER, PRES. *James R Becker* 5/1/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)