

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State
 09-17-2001 90142 010 ***550.00

DOCUMENT # F97000005581

1. Entity Name
TECHNOLOGY INTEGRATION FINANCIAL SERVICES, INC.

Principal Place of Business
**1020 PETERSBURG ROAD
 HEBRON KY 41048**

Mailing Address
**1020 PETERSBURG ROAD
 HEBRON KY 41048**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **61-1289490**

Applied For
 Not Applicable

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

**FINTZ, IZZY
 5773 NORTHWEST 158TH
 MIAMI LAKES, FL 33014**

Name **Thomas Detardo**

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

3740 St. John's Bluff Rd South #19

City **Jacksonville**

FL

Zip Code **32224**

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 **Thomas Detardo**

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

(NOTE: Registered Agent signature required when reinstating)

9/12/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **EILAU, VIC**
 STREET ADDRESS **1020 PETERSBURG ROAD**
 CITY-ST-ZIP **HEBRON KY**

TITLE **Secretary and Treasurer** ☐ Change ☒ Addition
 NAME **Michael E. Rohr Kemper**
 STREET ADDRESS **1020 Petersburg Rd**
 CITY-ST-ZIP **Hebron, KY 41048**

TITLE **CEO** ☐ Delete
 NAME **POMEROY, STEPHEN**
 STREET ADDRESS **1020 PETERSBURG ROAD**
 CITY-ST-ZIP **HEBRON KY 41048**

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

TITLE **D** ☐ Delete
 NAME **POMEROY, DAVID B.**
 STREET ADDRESS **1020 PETERSBURG ROAD**
 CITY-ST-ZIP **HEBRON KY 41048**

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

TITLE **C** ☐ Delete
 NAME **METZROTH, BERNARD F.**
 STREET ADDRESS **1020 PETERSBURG ROAD**
 CITY-ST-ZIP **HEBRON KY 41048**

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

TITLE **VP** ☐ Delete
 NAME **HEIMBROCK, ROBERT**
 STREET ADDRESS **1020 PETERSBURG ROAD**
 CITY-ST-ZIP **HEBRON KY 41048**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Steve Pomeroy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01 **859 586-0600** **x184**

Date Daytime Phone #

CR2E034 (5/01)