

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000001918**

1. Entity Name

INTEGRATED LOAN SERVICES, INC.**FILED**
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90034 015 ***150.00

Principal Place of Business

Mailing Address

31 INWOOD ROAD
ROCKY HILL CT 06067**31 INWOOD ROAD**
ROCKY HILL CT 06067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip *

Country

Zip

Country

4. FEI Number **06-1342615**

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

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CD									
	STRASSLER, ROBERT B	321 MAIN STREET	GREAT BARRINGTON MA 01230							
	PVCD									
	HOWLETT, LESLIE J III	31 INWOOD ROAD	ROCKY HILL CT 06067							
	SD									
	SMITH, GERALD A	31 INWOOD ROAD	ROCKY HILL CT 06067							
	D									
	SPIEGEL, ROBERT	60 SACHEM ROAD	WESTON CT 06883							
	D									
	MORSE, ALAN	160 ASPENWALL ST UNIT 1	BROOKLINE MA 02446							

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)