FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 18, 2001 8:00 am **DOCUMENT # H76286** Secretary of State 1. Entity Name INTEGRATED INDUSTRIAL SERVICES, INC. 01-18-2001 90025 042 ***158.75 Principal Place of Business Mailing Address 2634 NICHOLAS CIR W. 2634 NICHOLAS CIR W. JACKSONVILLE FL 32207-1755 JACKSONVILLE FL 32207-1755 2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2590534 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWMAN, MICHAEL P. Street Address (P.O. Box Number is Not Acceptable) 2634 NICHOLAS CIRCLE WEST JAX FL 32207 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) ☐ Change Addition TITLE ☐ Delete TITLE NEWMAN, JUDITH NAME NAME STREET ADDRESS 2634 NICHOLAS CIRCLE W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAX FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NEWMAN, MICHAEL NAME MAME 2634 NICHOLAS CIRCLE W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAX FL ☐ Addition Change TITLE - 🗔 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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 addires, with all other like empowered.

MICHAR

SIGNATURE:

8. NEWMON PEGS. 1-8-01