

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # K24140**1. Entity Name  
INTEGRATED INFORMATION SYSTEMS, INC.Principal Place of Business  
POB 213  
ST CLOUD FL 34770  
Mailing Address  
POB 213  
ST CLOUD FL 347702. Principal Place of Business  
POB 200133. Mailing Address  
POB 20013

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ST CLOUD FLCity & State  
ST CLOUD FL4. FEI Number  
59-2893699Applied For  
Not ApplicableZip Country  
347705. 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

HACKLEY, DONALD C.  
553 BITTERWOOD CTKISSIMMEE FL  
32743

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 \_\_\_\_\_ 04/29/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 DVS ☐ Delete  
NAME SIMONS, FLORINE H.  
STREET ADDRESS 515 MISSOURI AVE.  
CITY-ST-ZIP ST. CLOUD FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DPT ☐ Delete  
NAME SIMONS, WILLIAM E.  
STREET ADDRESS 515 MISSOURI AVE  
CITY-ST-ZIP ST CLOUD FLTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1837 SIR LANCELOT CIRCLE  
CITY-ST-ZIP ST CLOUD FL 34772TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ 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: William E. Simons

P

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)