2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L26154 05-05-2003 90347 033 ***150.00 1. Entity Name INTEGRATED ACCOUNTING & TAX SERVICES, INC. Principal Place of Business Mailing Address 921 EAST KLOSTERMAN RD 921 EAST KLOSTERMAN RD TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-2976253 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GERMINO, MICHAEL** Street Address (P.O. Box Number is Not Acceptable) 921 EAST KLOSTERMAN RD. **TARPON SPRINGS FL 34689** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVTS** ☐ Delete TITLE ☐ Change ☐ Addition TITLE **GERMINO, MICHAEL** NAME NAME STREET ADDRESS 921 EAST KLOSTERMAN RD STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE - Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

Daytime Phone #