

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90022 025 ***150.00

DOCUMENT # **L33207**

1. Entity Name
INTERNAL AUDIT SERVICES, INC.

Principal Place of Business

**7100 39 FAIRWAY DR
136B
PALM BEACH GARDENS FL 33418
US**

Mailing Address

**7100-39 FAIRWAY DR
SUITE 136B
PALM BEACH GARDENS FL 33418
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7100-39 FAIRWAY DR.

Suite, Apt. #, etc.

136B

City & State

PALE BEACH GARDENS, FLA.

Zip

33418

Country

USA

3. Mailing Address

7100-39 FAIRWAY DR.

Suite, Apt. #, etc.

136B

City & State

PALE BEACH GARDENS, FLA.

Zip

33418

Country

USA

4. FEI Number

65-0165463

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAPIZZI, JOHN GERARD A.
7100-39 FAIRWAY DR SUITE 136B
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name

SANTO

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

7100-39 FAIRWAY DR

#136B

City

PALE BEACH GARDENS

FL

Zip Code

33418

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

John Gerard A. CapiZZi, President 1-16-2002

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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	CAPIZZI, JOHN GERARD A	
STREET ADDRESS	7100-39 FAIRWAY DR #136B	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CAPIZZI, JOHN GERARD A	
STREET ADDRESS	7100-39 FAIRWAY DR #136B	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SANTO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTO	
STREET ADDRESS	SANTO	
CITY-ST-ZIP	SANTO	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTO	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **John Gerard A. CapiZZi, President** **JOHN GERARD A. CAPIZZI, President (601) 626-7776**
1-16-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)