

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90097 002 \*\*\*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**



2. Principal Place of Business  
**7100-39 FAIRWAY DR.**  
Suite, Apt. #, etc.  
**136 B**

3. Mailing Address  
**7100-39 FAIRWAY DR.**  
Suite, Apt. #, etc.  
**136 B**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Palm Beach Gardens, FLA.**

City & State  
**Palm Beach Gardens, FLA.**

4. FEI Number **65-0165463**

Applied For  
Not Applicable

Zip **33418** Country **USA**

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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 **SAME**  
Street Address (P.O. Box Number is Not Acceptable)  
**7100-39 FAIRWAY DRIVE**  
**#136B**  
City **Palm 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John Gerard A. CapiZZi, President 1-7-2003**  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John Gerard A. CapiZZi, President 1-7-2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOHN GERARD A. CAPIZZI, President (561) 626-7746**  
Date Daytime Phone #

CR2E034 (10/02)