

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDMENT

DOCUMENT # 102000004081

1. Entity Name

INTEGRATED COMMUNITY SERVICES INC.



FILED

03 NOV 26 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-12-4-03
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 NW 37TH TERR

Suite, Apt. #, etc.

3. Mailing Address

801 NW 37TH TERR

Suite, Apt. #, etc.

City & State

GAINESVILLE

City & State

GAINESVILLE

4. FEI Number

0106066043

Applied For

Not Applicable

Zip

32605

Country

ALACHUA

Zip

32605

Country

ALACHUA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bobby Boyd

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

801 NW 37TH TERR

City

GAINESVILLE

FL

Zip Code

32605

**DO NOT WRITE
IN THIS SPACE**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

11/21/03

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<u>P</u>
NAME	<u>BOYD, BOBBY</u>
STREET ADDRESS	<u>801 NW 37TH TERR</u>
CITY - ST - ZIP	<u>GAINESVILLE FL 32605</u>
TITLE	<u>VP</u>
NAME	<u>BOYD, RACHEL J</u>
STREET ADDRESS	<u>801 NW 37TH TERR</u>
CITY - ST - ZIP	<u>GAINESVILLE FL 32605</u>
TITLE	<u>AD</u>
NAME	<u>EDWARDS, L. TONYA</u>
STREET ADDRESS	<u>2504 NW 34TH AVE</u>
CITY - ST - ZIP	<u>GAINESVILLE FL 32633</u>
TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/03

Date

Daytime Phone #

352 256 0223

CR2E037B (12/02)