

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000003412

1. Entity Name

INTEGRATED HOME SERVICES, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90166 028 ***150.00

Principal Place of Business

15176 FRUITVILLE ROAD
SARASOTA FL 34240

Mailing Address

15176 FRUITVILLE ROAD
SARASOTA FL 34240

2. Principal Place of Business

4708 HIDDEN RIVER RD.

3. Mailing Address

4708 HIDDEN RIVER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

4. FEI Number

65-09905-68

Applied For

Not Applicable

Zip

34240

Country

Zip

34240

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRALEY, GAIL M
15176 FRUITVILLE ROAD
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name

GAIL M. FRALEY

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

4708 HIDDEN RIVER RD.

City

SARASOTA

FL

Zip Code

34240

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-01

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, 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

TITLE P
NAME FRALEY, GAIL M.
STREET ADDRESS 4708 HIDDEN RIVER RD.
CITY-ST-ZIP SARASOTA, FL 34240 ☐ Delete

TITLE VP, S
NAME FRALEY, DOUG
STREET ADDRESS 4708 HIDDEN RIVER RD.
CITY-ST-ZIP SARASOTA, FL 34240 ☐ Delete

TITLE T
NAME BLOOM, JOHN E.
STREET ADDRESS 1802 WHISPERING PINE CR.
CITY-ST-ZIP ENGLEWOOD, FL 34223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01 941-322-2490

CR2E034 (10/00)

0414831