5/4/

FILED
Jun 02, 2001 8:00 am
Secretary of State
05-04-2001 90067 042 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028858

1. Entity Name

INTERNATIONAL SERVICES, INC. (U.S.)

Principal Place of Business	Mailing Address
213 PROVIDENCE RD. BRANDON FL 33511	213 PROVIDENCE RD. BRANDON FL 33511

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2907 Empress Ct		P.O. Box 388	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Valrico, FL 33594		City & State: Valrico, FL	
Zip: 33594	County: Hillsborough	Zip: 33595	County: Hillsborough

4. FEI Number 65-1015212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAGER, MARK E 213 PROVIDENCE RD. BRANDON FL 33511	Name: DAN CHASE Street Address (P.O. Box Number is Not Acceptable): 2907 Empress Court City: Valrico FL Zip Code: 33594

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: D. Chase D. CHASE PRESIDENT DATE: 5/29/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASE, DAN 213 PROVIDENCE RD. BRANDON FL 33511 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: D. Chase D. CHASE PRESIDENT 4/27/01 813-689-4174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #