

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049843

1. Entity Name

INTERFACE SYSTEMS INTEGRATION, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91149 040 ***150.00

Principal Place of Business

724B 2ND AVENUE SOUTH
ST. PETERSBURG FL 33701

Mailing Address

724B 2ND AVENUE SOUTH
ST. PETERSBURG FL 33701

2. Principal Place of Business

724 2ND AVENUE SOUTH

3. Mailing Address

724 2ND AVENUE SOUTH

Suite, Apt. #, etc.

STE A

Suite, Apt. #, etc.

STE A

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33701

Country

USA

Zip

33701

Country

USA

4. FEI Number

59-3643620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAZQUEZ, TIM
724B 2ND AVENUE SOUTH
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Tim B. Gasquez, President

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

(NOTE: Registered Agent signature required when reinstating)

JBM
4/25/01

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, 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: PRESIDENT
NAME: TIM GASQUEZ
STREET ADDRESS: 9334 PONTIAC DR
CITY-ST-ZIP: TAMPA, FL 33626 ☐ Delete

TITLE: VICE PRESIDENT
NAME: DAVID AMORE
STREET ADDRESS: 8409 LAUREL FAIR CIRCLE
CITY-ST-ZIP: TAMPA, FL 33610 ☐ 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

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:
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CITY-ST-ZIP:
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☐ 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:

Tim B. Gasquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01 7278958466

Date

Daytime Phone #

CR2E034 (10/00)