FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90187 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088517

1. Entity Name
INTEGRATED DESIGN SERVICES, INC.

90135880

Principal Place of Business	Mailing Address
6 LAKEVIEW PLACE ANNA MARIA, FL 34216	6 LAKEVIEW PLACE ANNA MARIA, FL 34216

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 1951 Morrill St.		Suite, Apt. #, etc. 1951 Morrill ST.	
City & State SARASOTA, FLORIDA		City & State SARASOTA, FLORIDA	
Zip 34236	Country USA	Zip 34236	Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1042357 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

ELLSWORTH, CONNIE Y
6 LAKEVIEW PLACE
ANNA MARIA, FL 34216

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. I am familiar with, and accept the obligations of registered agent.

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

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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ELLSWORTH, CONNIE Y		NAME		
STREET ADDRESS	6 LAKEVIEW PLACE		STREET ADDRESS		
CITY-ST-ZIP	ANNA MARIA, FL 34216		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Connie Y. Ellsworth 5/14/03 941.545.0797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

Integrated Design Services, Inc.

Commercial & Residential Interiors

901358 80

May 14, 2003

State of Florida
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Doc. # P00000088517

To Whom It May Concern:

I am the Registered Agent of Integrated Design Services, Inc., a Florida Corporation. We moved our office to a new location at the beginning of the year. The UBR Form was not received at either address therefore the filing is late. Due to the circumstance I am asking that the late filing fee be waived. In addition to this letter I have included the UBR Form and a check for $150.00.
I appreciate your attention to this matter. If additional information is needed I can be reached at 941-545-0797.

Regards,

Connie Y. Ellsworth

Connie Y. Ellsworth, Registered Agent

1951 Morrill Street Sarasota, Florida 34236
t:941.906.1914 f:941.906.1930