

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90111 028 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000024501**

1. Entity Name  
**APPLIED INTEGRATED SOLUTIONS, INC.**



**90134973**

Principal Place of Business  
**7501 W. OAKLAND BLVD  
SUITE 101  
LAUDERHILL, FL 33319**

Mailing Address  
**7501 W. OAKLAND BLVD  
SUITE 101  
LAUDERHILL, FL 33319**

2. Principal Place of Business

3. Mailing Address  
**c/o Tripp Scott, P.A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**110 SE 6th St., 15th Floor**

City & State

City & State

**Ft. Lauderdale, FL**

☒ CHECK HERE IF MAKING CHANGES



4. FEI Number

**74-3004266**

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

**BOWER, TANYA L ESQ  
TRIPP SCOTT, P.A.  
110 SE 6TH STREET 15TH FLOOR  
FORT LAUDERDALE, FL 33301**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
SPIES, MARK  
7501 W. OAKLAND BLVD STE 101  
LAUDERHILL, FL 33319** ☐ 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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mark Spies, President 5/7/03 954-377-1588**

Date

Daytime Phone #

CR2E034 (10/02)

Attachment  
90134973

**APPLIED INTEGRATED SOLUTIONS, INC.**  
**7501 W. Oakland Park Boulevard**  
**Suite 101**  
**Lauderhill, FL 33319**  
**Phone: 954-377-1588**

May 7, 2003

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
Annual Report Section  
409 East Gaines Street  
Tallahassee, FL 32399

Re: **Waiver of Penalty Fee**  
**Document # P01000024501 - Applied Integrated Solutions, Inc.**

Enclosed is our 2003 Uniform Business Report, and as our company never received any notices at the address listed above, we ask that the penalty fee for late filing of the report be waived.

Thank you for your consideration.

Very truly yours,



Mark Spies  
President