

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90209 035 ***150.00

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DOCUMENT # P01000034212

1. Entity Name
ITS ACQUISITION, INC.



Principal Place of Business
**7000 WEST PALMETTO PARK RD. STE 500
BOCA RATON FL 33433**

Mailing Address
**7000 WEST PALMETTO PARK RD. STE 500
BOCA RATON FL 33433**

11013416



2. Principal Place of Business
11210 Herron Bay Blvd

3. Mailing Address

Suite, Apt. #, etc.
1116

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs FL

City & State

4. FEI Number **65-1092868**

Applied For
Not Applicable

Zip **33076** Country **USA**

Zip Country

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

**ROSENTHAL, JEFFREY H
BANK OF AMERICA PLAZA, STE 500
7000 W PALMETTO PARK RD
BOCA RATON FL 33433**

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 **JEFFREY H. ROSENTHAL**

4/21/03

(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 **D** ☒ Delete
NAME **ROSENTHAL, JEFFREY H**
STREET ADDRESS **7000 WEST PALMETTO PARK RD, STE 500**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **PRESIDENT / Sec** ☐ Change ☒ Addition
NAME **IRA FRUCHMAN**
STREET ADDRESS **11210 Herron Bay Blvd #1116**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **IRA FRUCHMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES/Sec 4/21/03 954 727 8317
Date Daytime Phone #

CR2E034 (10/02)