

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90440 027 \*\*\*150.00

DOCUMENT # P01000053884

1. Entity Name

INTERNATIONAL TECHNOLOGY  
SOLUTIONS INC

671424

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13833 WELLINGTON TR.

3. Mailing Address

13833 WELLINGTON TR.

Suite, Apt. #, etc.

Suite E4212

Suite, Apt. #, etc.

Suite E4212

City & State

WELLINGTON FL

City & State

WELLINGTON FL

Zip

33414

Country

USA

Zip

33414

Country

USA

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4. FEI Number

65-1108631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporate Creations Network Inc

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

941 Fort Street #200

City

Miami Beach

FL

Zip Code

33139

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

President  
MARK A. LOMBARDO  
14473 DRAFT HORSE LN  
Wellington FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address which is other than the registered address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A. LOMBARDO

Date

4/30/02

Daytime Phone #

561213 5039

CR2E034B (12/01)