

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

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90133 019 ***150.00

DOCUMENT # P01000092470

1. Entity Name

INTEGRATED TECHNOLOGY SOLUTIONS OF TAMPA BAY, INC.



Principal Place of Business
**30139 US HWY 19 NORTH
CLEARWATER FL 33761**

Mailing Address
**30139 US HWY 19 NORTH
CLEARWATER FL 33761**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3744650**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 **P** ☐ Delete
NAME **ZALAY, CLIFFORD I SR**
STREET ADDRESS **4922 TURTLE CREEK TRAIL**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **ZALAY, CLIFFORD I JR**
STREET ADDRESS **4922 TURTLE CREEK TRAIL**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **ZALAY, CLIFFORD I SR**
STREET ADDRESS **4922 TURTLE CREEK TRAIL**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
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:

Clifford I Zalay Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/03
Date

(727) 781-7111
Daytime Phone #

CR2E034 (10/02)

Attachment 90147182
#PO1000092470

July 18, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Attached please find 2003 Uniform Business Report. Due to extremely extenuating circumstances, first, due to the recent death of my mother; the laborious time consuming hours in dealing with her personal representative, still ongoing; due to illness, and I am now physically able and finally back to work part time; and together with the fact that I was under the impression that this was taken care of; I can assure you and state that this oversight was not deliberate nor intentional. Being that I was never tardy before, and due to the multitude of extenuating problems, I hope and pray that this will be acceptable.

Thank you for your patience, indulgence, and understanding.

Very truly yours,


Clifford I. Zalay, Sr. P

- Certificate of Death attached