FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90726 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000004122

1. Entity Name
INTEGRATED CONSULTING SERVICES, INC.

70039483

Principal Place of Business	Mailing Address
850 LIVE OAK STREET MAITLAND, FL 32751	850 LIVE OAK STREET MAITLAND, FL 32751

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1505 Whitstable ct.	1505 whitstable ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Heathrow, FL	City & State: Heathrow, FL
Zip: 32746 Country: USA	Zip: 32746 Country: USA

4. FEI Number 01-0575092 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PORTER, LEMAN M
~~850 LIVE OAK STREET~~
~~MAITLAND, FL 32751~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number Is Not Acceptable): 1505 Whitstable ct
City: Heathrow FL Zip Code: 32746

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] , LEMAN PORTER 4/8/03
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	P PORTER, LEMAN M ~~850 LIVE OAK STREET~~ ~~MAITLAND, FL 32751~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1505 Whitstable ct Heathrow, FL 32746 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] LEMAN PORTER 4/8/03 407-444-5995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #