

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90238 022 ***150.00

DOCUMENT # P02000015494

1. Entity Name
INTEGRATED INFORMATION SERVICES, INC.



Principal Place of Business
**2950 S.E. 157TH LANE ROAD
SUMMERFIELD FL 34491
US**

Mailing Address
**P.O. BOX 492722
LEESBURG FL 34749
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2950 SE 157th Lane Road

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Summerfield, FL 34491

4. FEI Number
30-0106800

Applied For
Not Applicable

Zip

Country

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

**JOHNSON, CHARLES D
907 WEBSTER STREET
LEESBURG FL 34749**

Name
Andre D. Blaquier

Street Address (P.O. Box Number is Not Acceptable)
2950 SE 157th Lane Road

City
Summerfield

FL Zip Code
34491

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 *Andre D. Blaquier*
Signature, typed or printed name of registered agent and title if applicable.

Andre D. Blaquier, President

2/18/03

DATE

(NOTE: Registered Agent signature required when reinstating)

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
**PD
BLAQUIER, ANDRE
2950 S.E. 157TH LANE ROAD
SUMMERFIELD FL 34491** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GOLDSTEIN, ROBERT
33210 COVENTRY DRIVE
LEESBURG FL 34788** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TSD
GOLDSTEIN, GERALD
2918 COCOVIA WAY
LEESBURG FL 34748** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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☐ Change ☐ Addition

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: *Andre D. Blaquier* **REQUIRED Andre D. Blaquier**

2/18/03

352-787-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)