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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80098703

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000042316		
1. Entry Name IT BUSINESS SOLUTIONS, INC.		
Principal Place of Business 6241 SEA GRASS LANE NAPLES, FL 34116		Mailing Address 6241 SEA GRASS LANE NAPLES, FL 34116
2. Principal Place of Business 9350 Marino Cir Suite, Apt. #, etc. Apt # 303 City & State Naples, FL Zip 34114		3. Mailing Address 9350 Marino Cir Suite, Apt. #, etc. Apt # 303 City & State Naples, FL Zip 34114
4. FEI Number 01-0667672		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALVAREZ, ANTONIO 6241 SEA GRASS LANE NAPLES, FL 34116		7. Name and Address of New Registered Agent Name Antonio Alvarez Street Address (P.O. Box Number is Not Acceptable) 9350 Marino Circle, Apt # 303 City Naples, FL Zip Code 34114
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 Antonio Alvarez DATE 4/28/03		
9. Declaration Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete D ALVAREZ, ANTONIO A 6241 SEA GRASS LANE NAPLES, FL 34116	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition President Antonio A. Alvarez 9350 Marino Cir, #303 Naples, FL 34114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Vice President Evelyn G. Alvarez 9350 Marino Cir, #303 Naples, FL 34114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(f), Florida Statutes. I further certify that the information disclosed 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 807, 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 filers empowered.		
SIGNATURE: Antonio Alvarez DATE 4/28/03 (239) 393-5509		