FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -7 AM 8:00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000087400

1. Entity Name
SYSTEM INTEGRATION SOLUTIONS, INC.

Principal Place of Business	Mailing Address
480 N.W. 66TH AVE PLANTATION, FL 33317	480 N.W. 66TH AVE PLANTATION, FL 33317

2. Principal Place of Business	3. Mailing Address
3600 Hacienda Blvd	
Suite, Apt. #, etc. STE. A	Suite, Apt. #, etc.
City & State Davie, FL	City & State
Zip 33314 Country	Zip Country

☐ CHECK HERE IF MAKING CHANGES MRS

4. FEI Number 02-0640689 ☐ Applied For ☐ Not Applicable

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, JASON 480 N.W. 66TH AVE PLANTATION, FL 33317	Name: Gregg Nicholls Street Address (P.O. Box Number Is Not Acceptable): 1900 NW Corporate Blvd #400E City: Boca Raton FL Zip Code: 33431

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: Gregg Nicholls 7/31/03
Signature, type or print 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
Amended UBR is $61.25
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 JOHNSON, JASON 480 N.W. 66TH AVE PLANTATION, FL 33317	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Delete	TITLE: VP, Sec NAME: David Spiller STREET ADDRESS: 3600 Hacienda Blvd, Ste A CITY-ST-ZIP: Davie, FL 33314	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

000022128010
08/07/03--01014--013 **550.00

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: Gregg Nicholls 7/31/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #