

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90150 038 ***150.00

DOCUMENT # P02000108789

1. Entity Name
INTEGRATED GEOPHYSICS SOLUTIONS, INC.



Principal Place of Business
6760 SANDHILL DRIVE
PORT ST JOHN FL 32927

Mailing Address
6760 SANDHILL DRIVE
PORT ST JOHN FL 32927

2. Principal Place of Business
1650 Pine Hill Drive
Suite, Apt. #, etc.

3. Mailing Address
1650 Pine Hill Drive
Suite, Apt. #, etc.

City & State
Melbourne Florida
Zip 32935 **Country** USA

City & State
Melbourne, Florida
Zip 32935 **Country** USA

4. FEI Number
76-0721225

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

PRUDHOMME, KAREN
6760 SANDHILL DRIVE
PORT ST JOHN FL 32927

7. Name and Address of New Registered Agent

Name **LYNNE A. HORNSBY**
Street Address (P.O. Box Number is Not Acceptable)
1650 Pine Hill Dr.
City **Melbourne** **FL** **Zip Code** **32935**

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 **Lynne A. Hornsby** **Lynne A. Hornsby President** **3-31-03**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRUDHOMME, KAREN 6760 SANDHILL DRIVE PORT ST JOHN FL 32927	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORNSBY, LYNN 6760 SANDHILL DRIVE PORT ST JOHN FL 32927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, KIM M 6760 SANDHILL DRIVE PORT ST JOHN FL 32927	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LYNNE A. HORNSBY 1650 Pine Hill Dr. Melbourne FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ROGER A. HORNSBY 1650 Pine Hill Dr. Melbourne, FL 32935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: X SIGNATURE REQUIRED

LYNNE A. HORNSBY **3-31-03** **(321) 544-4452**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)