

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91291 031 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000126163

1. Entity Name  
**INTEGRATED TRADING SYSTEMS, INC.**



Principal Place of Business  
141 NW 20TH STREET  
BOCA RATON, FL 33431

Mailing Address  
141 NW 20TH STREET  
BOCA RATON, FL 33431

11023620



2. Principal Place of Business  
141 NW 20th street

3. Mailing Address  
141 NW 20th street

Suite, Apt. #, etc.  
suite H-4

Suite, Apt. #, etc.  
Suite H-4

☐ CHECK HERE IF MAKING CHANGES

City & State  
Boca Raton FL

City & State  
Boca Raton FL

4. FEI Number  
41-2071488

Applied For  
☐ Not Applicable

Zip  
33431

Country  
USA

Zip  
33431

Country  
USA

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

6. Name and Address of Current Registered Agent

SCHWARTZ, DAVID  
141 NW 20TH STREET H-4  
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

TITLE D ☐ Delete  
NAME SCHWARTZ, DAVID  
STREET ADDRESS 141 NW 20TH STREET  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID SCHWARTZ

4/24/03 501 391 8766

Date

Daytime Phone #

CR2E034 (10/02)