

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000053761

1. Entity Name
INTEGRATED INFORMATION SYSTEMS OF TAMPA BAY,
INC.



Principal Place of Business
8710 HICKORYWOOD LANE
TAMPA, FL 33615

Mailing Address
8710 HICKORYWOOD LANE
TAMPA, FL 33615

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05082012

Chg-P

CR2E034 (12/11)

4. FEI Number

65-0514965

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

ROBBINS, STEPHEN A
8710 HICKORYWOOD LANE
TAMPA, FL 33615

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 \$550.00
Due by September 28, 2012**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

REMITTED BY MAY 1

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPST
ROBBINS, STEPHEN A
8710 HICKORYWOOD LANE
TAMPA, FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
200235247032
05/17/12--01018--013 ***150.00 ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

DATE

E-MAIL ADDRESS

STEPHEN A. ROBBINS

4-30-12

115/INC@HOTMAIL.COM

MAY 17 2012

A. DUNLAP