

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

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90055 028 \*\*\*150.00

DOCUMENT # P95000089432

1. Entity Name Integrated Financial and Technology Solutions Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3800 Atlantic Blvd

Suite, Apt. #, etc.  
201

City & State  
Jacksonville, FL

Zip  
32207

Country  
USA

3. Mailing Address  
P.O. Box 57029

Suite, Apt. #, etc.

City & State  
Jacksonville, FL

Zip  
32241

Country  
U.S.A.

4. FEI Number  
59-3347607

Applied For  
Not Applicable

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Lisa B. McCollough

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

3800 Atlantic Blvd. Suite 201

City Jacksonville FL Zip Code 32207

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.

SIGNATURE Lisa B. McCollough Lisa B. McCollough, President 4/16/2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>McCollough, Lisa B.</u> <u>PO Box 57040</u> <u>Jacksonville, FL 32241</u>
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa B. McCollough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2002 (904) 726-5800

Date

Daytime Phone #

CR2E034B (12/01)