

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90453 042 \*\*\*150.00

**DOCUMENT # P96000002423**

1. Entity Name

**SYSTEMS INTEGRATION SOLUTIONS, INC.**

Principal Place of Business

2802 LESLIE ROAD  
TAMPA FL 33619  
US

Mailing Address

P O BOX 7578  
SUN CITY FL 33586  
US

2. Principal Place of Business

**3922 Coconut Palm Drive**

Suite, Apt. #, etc.

**Suite 106**

City & State

**Tampa, Florida**

Zip

**33619**

Country

**USA**

3. Mailing Address

**3922 Coconut Palm Drive**

Suite, Apt. #, etc.

**Suite 106**

City & State

**Tampa, Florida**

Zip

**33619**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0644199**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CASEY, CRAIG S**  
**749 MAINSAIL DRIVE**  
**TAMPA FL 33601**

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.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 **P** ☐ Delete  
NAME **CASEY, CRAIG S**  
STREET ADDRESS **749 MAINSAIL DR**  
CITY-ST-ZIP **TAMPA FL 33601**

TITLE **VP** ☐ Delete  
NAME **CASEY, WILLIAM N**  
STREET ADDRESS **3939 COCKROACH BAY ROAD**  
CITY-ST-ZIP **RUSKIN FL 33570**

TITLE **ST** ☒ Delete  
NAME **CASEY, LEANN T**  
STREET ADDRESS **3939 COCKROACH BAY ROAD**  
CITY-ST-ZIP **RUSKIN FL 33570**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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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STREET ADDRESS  
CITY-ST-ZIP

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Craig S. Casey*  
**Craig S. Casey**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-01 813 630-1911

Date

Daytime Phone #

CR2E034 (10/00)

0350318