

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 93646 023 ***150.00

0534410 SF

DOCUMENT # P97000060187
 1. Entity Name
INTERNATIONAL INTEGRATED SYSTEM SOLUTIONS, INC.

Principal Place of Business Mailing Address
1316 OSPREY WEST LANE **1316 OSPREY WEST LANE**
PORT ORANGE FL 32124 **PORT ORANGE FL 32124**

2. Principal Place of Business 3. Mailing Address
1316 OSPREY WEST LANE **1316 OSPREY WEST LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
PORT ORANGE FL **PORT ORANGE FL** **59-3456328** ☐ Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
32128 **USA** **32128** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
FINANCIAL FOUNDATIONS, INC. Name
2843 THAXTON DR #37 Street Address (P.O. Box Number is Not Acceptable)
PALM HARBOR FL 34684 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JOSEPH		NAME	GONZALEZ, JOSEPH	
STREET ADDRESS	1316 OSPREY WEST LANE		STREET ADDRESS	1316 OSPREY WEST LANE	
CITY-ST-ZIP	PORT ORANGE FL 32124		CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)