

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2000 8:00 an  
Secretary of State**

02-07-2000 90081 012 \*\*\*150.00

**DOCUMENT # P98000003677**

1. Entity Name

**INTEGRATION PROFESSIONALS, INC.**

Principal Place of Business

Mailing Address

**4068 LIGUSTRM DRIVE  
PALM HARBOR FL 34685****4068 LIGUSTRM DRIVE  
PALM HARBOR FL 34685-3631****B0015389**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3499415**

Applied

Not Applicable

Zip

Country

Zip

Country

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

**COX, EDWIN DAVID  
4068 LIGUSTRM DRIVE  
PALM HARBOR FL 34685**

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 may  
Added to F...**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COX, EDWIN DAVID</b>	
STREET ADDRESS	<b>4068 LIGUSTRM DRIVE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COX, CHERYL</b>	
STREET ADDRESS	<b>4068 LIGGSTRUM DR</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Chris A. Al**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/2000**

Date

**727-935-4**

Daytime Phone #