

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90599 018 ***150.00

DOCUMENT # **P98000042245**
1. Entity Name
INFORMATION Technology CONSULTING SERVICES, INC.

Principal Place of Business
**1131 ASHBOURNE CIRCLE
NEW PORT RICHEY
FL. 34655**

Mailing Address
**1131 ASHBOURNE CIRCLE
NEW PORT RICHEY
FL. 34655**

2. Principal Place of Business
1131 ASHBOURNE CIRCLE

3. Mailing Address
1131 ASHBOURNE CIRCLE

Suite, Apt. #, etc.

City & State
NEW PORT RICHEY, FL

City & State
NEW PORT RICHEY FL.

Zip
34655

Country
USA

Zip
34655

Country
U.S.A.

4. FEI Number
59-3513988

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WERTOVITCH, STEVEN
1131 ASHBOURNE CIRCLE
NEW PORT RICHEY FL 34655

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **PD** ☐ Delete
NAME **WERTOVITCH, STEVEN**
STREET ADDRESS **1131 ASHBOURNE CIRCLE**
CITY-ST-ZIP **NEW PORT RICHEY FL. 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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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

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

SIGNATURE: **Steven WERTOVITCH** **STEVEN WERTOVITCH** **1/31/2001** **727-375-0862**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)