

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062119

1. Entity Name

PHOENIX INTEGRATED SERVICES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90140 025 ***150.00

Principal Place of Business

~~210 UNIVERSITY DRIVE #502~~
~~CORAL SPRINGS FL 33071~~

Mailing Address

~~210 UNIVERSITY DRIVE #502~~
~~CORAL SPRINGS FL 33071~~

2. Principal Place of Business

3000 N. UNIVERSITY DRIVE

3. Mailing Address

C/O MAS

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.

P.O. Box 771210

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS FL

Zip

33065

Country

Zip

33077-1210

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0849822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~LACOMBE, MICHAEL P~~
~~210 UNIVERSITY DRIVE #502~~
~~CORAL SPRINGS FL 33071~~

7. Name and Address of New Registered Agent

Name
JOSEPH E. MILLER
Street Address (P.O. Box Number is Not Acceptable)
3000 N. UNIVERSITY DRIVE
SUITE E
City
CORAL SPRINGS FL Zip Code
33065

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

4/27/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
LACOMBE, MICHAEL P
~~210 UNIVERSITY DRIVE #502~~
~~CORAL SPRINGS FL 33071~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
TAMKINS, ROBERT E
~~210 UNIVERSITY DRIVE #502~~
~~CORAL SPRINGS FL 33071~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3000 N. UNIVERSITY DRIVE SUITE E
CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3000 N. UNIVERSITY DRIVE SUITE E
CORAL SPRINGS FL 33065

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

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☐ Change ☐ Addition

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

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

Michael Lacombe 4/27/01 954-346-7288

Date

Daytime Phone #

CR2E034 (10/00)

0137262