

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066903

1. Entity Name

IT SOLUTIONS.COM, INC.

Principal Place of Business

6931-1 LILLIAN RD.
JACKSONVILLE FL 32250

Mailing Address

6931-1 LILLIAN RD.
JACKSONVILLE FL 32211-5873

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
32211

Country

3. Mailing Address

4370 S. TAMiami TRAIL

Suite, Apt. #, etc.

SUITE 245

City & State

SARASOTA, FL

Zip

34231

Country

USA
SARASOTA

6. Name and Address of Current Registered Agent

O'BRIEN, ROYAL
6931-1 LILLIAN ROAD
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

ISAAC LEVY, P.A.

Street Address (P.O. Box Number is Not Acceptable)

2107 HENDRICKS AVENUE

SUITE 200

City

JACKSONVILLE

FL

Zip Code

32207

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 ISAAC LEVY, P.A.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/00

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	O'BRIEN, ROYAL	
STREET ADDRESS	6961-1 LILLIAN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHAEL, DONNA D	
STREET ADDRESS	6931-1 LILLIAN RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDDISH, GLENN	
STREET ADDRESS	6931-1 LILLIAN RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAUZ, FRED	
STREET ADDRESS	6931-1 LILLIAN RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEASLER, FRANK	
STREET ADDRESS	66931-1 LILLIAN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHAIRMAN, CTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	418 COCKATIEL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLA DONNA, MICHAEL	
STREET ADDRESS	4201 CHARING CROSS ROAD	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	CFO, TREASURER, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDEN, W. GLENN	
STREET ADDRESS	4919 SILVER FEAN DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: W. GLENN REDDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

941-924-1688

Daytime Phone #

CR2E034 (9/99)