

2001 UNIFORM BUSINESS REPORT (UBR)

3/12

FILED
May 05, 2001 8:00 am
Secretary of State

03-12-2001 90034 006 ***150.00

DOCUMENT # P98000066903

1. Entity Name

IT SOLUTIONS.COM, INC.

Principal Place of Business

6931-1 LILLIAN RD.
 JACKSONVILLE FL 32211

Mailing Address

4370 S. TAMiami TRAIL
 STE 245
 SARASOTA FL 34231
 US

2. Principal Place of Business

SHUT DOWN

3. Mailing Address

3948 S. 3RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMD 349

City & State

City & State

JACKSONVILLE BEACH, FL

Zip

Country

Zip

Country

32250

USA

4. FEI Number

59-3527174

Applied For

Not Applicable

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

LEVY, ISAAC P.A.
 2107 HENDRICKS AVE.
 STE 200
 JACKSONVILLE FL 32207

Name: W. GLENN REDDEN

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

4919 SILVER FEAN DRIVE

City SARASOTA

FL

Zip Code 34241

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, 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 CTO
 NAME O'BRIEN, ROYAL
 STREET ADDRESS 418 COCKATIEL DR.
 CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE PD
 NAME DELLA, DONNA M
 STREET ADDRESS 4201 CHARINE CROSS RD
 CITY-ST-ZIP SARASOTA FL 34241 ☒ Delete

TITLE CFOT
 NAME REDDEN, W G
 STREET ADDRESS 4919 SILEA FEAN DR.
 CITY-ST-ZIP SARASOTA FL 34241 ☒ Delete

TITLE D
 NAME KEASLER, FRANK
 STREET ADDRESS 66931-1 LILLIAN ROAD
 CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, S, D
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition

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

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

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

TITLE
 NAME
 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

W. GLENN REDDEN

3/8/01

Date

904-942-6696

Daytime Phone #

CR2E034 (10/00)