

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**  
 02-28-2002 90003 030 \*\*\*150.00

**DOCUMENT # P98000066903**

1. Entity Name  
**IT SOLUTIONS.COM, INC.**

Principal Place of Business  
~~6901 LISMAN ROAD~~  
~~JACKSONVILLE FL 32241~~

Mailing Address  
**3948 S 3RD STREET**  
**PMB 349**  
**JACKSONVILLE BEACH FL 32250**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3948 S. 3RD STREET**  
 Suite, Apt. #, etc.  
**PMB 349**  
 City & State  
**JACKSONVILLE BEACH, FL**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
**32250**  
 Country  
**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  
**REDDEN, W. GLENN**  
**4919 SILVER FERN DRIVE**  
**SARASOTA FL 34241**

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 \_\_\_\_\_ (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, 2002 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	<b>P.S.D. O'BRIEN, ROYAL 418 COCKATIEL DR. JACKSONVILLE FL 32225</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED **2/14/02** **941-371-8354**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)