

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90040 046 ***150.00

DOCUMENT # P98000072411

1. Entity Name

INDUSTRIAL TECHNOLOGY SERVICES, INC.

Principal Place of Business

5350 GULF OF MEXICO DR., STE. 201B
LONGBOAT KEY FL 34228

Mailing Address

5350 GULF OF MEXICO DR., STE. 201B
LONGBOAT KEY FL 34228-2045

2. Principal Place of Business

5370 Gulf of Mexico DR.

Suite, Apt. #, etc.

Suite 205

City & State

Longboat Key Florida

Zip

34228

Country

Manatee

3. Mailing Address

5380 Gulf of Mexico Drive

Suite, Apt. #, etc.

PMB 402

City & State

Longboat Key Florida

Zip

34228

Country

Manatee



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0856779

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOSKINS, MICHAEL C

5350 GULF OF MEXICO DR., STE. 201B
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name

Hoskins, Michael C.

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

5370 Gulf of Mexico DR., STE 205

Longboat Key FL

City

Longboat Key

FL

Zip Code

34228

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

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

President

(NOTE: Registered Agent signature required when reinstating)

1-25-2000

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 **P** ☐ Delete
NAME **HOSKINS, MICHAEL C**
STREET ADDRESS **6021 EMERALD HARBOR DR.**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **VP** ☐ Delete
NAME **HOSKINS, DAVID M**
STREET ADDRESS **2311 42ND ST. W**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **ST** ☐ Delete
NAME **HOSKINS, CHARMAN R**
STREET ADDRESS **6021 EMERALD HARBOR DR.**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **DS** ☐ Delete
NAME **HOSKINS, RACHEL A**
STREET ADDRESS **2311 42ND ST. W.**
CITY-ST-ZIP **BRADENTON FL 34205**

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

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

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

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

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Michael C. Hoskins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-2000 941-387-8395