

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072411

1. Entity Name

INDUSTRIAL TECHNOLOGY SERVICES, INC.

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90314 013 \*\*\*150.00

C0016139



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5370 GULF OF MEXICO DR. SUITE 205 LONGBOAT KEY FL 34228	Mailing Address 5380 GULF OF MEXICO DRIVE PMB 402 LONGBOAT KEY FL 34228
----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	65-0856779	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOSKINS, MICHAEL C  
5370 GULF OF MEXICO DR. STE 205  
LONGBOAT KEY FL 34228

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)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
------------------------------------------------------------------------------------------------------------------------------	-------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HASKINS, MICHAEL C	
STREET ADDRESS	6021 EMERALD HARBOR DR.	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOSKINS, DAVID M	
STREET ADDRESS	2311 42ND ST. W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOSKINS, CHARMAN R	
STREET ADDRESS	6021 EMERALD HARBOR DR.	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOSKINS, RACHEL A	
STREET ADDRESS	2311 42ND ST. W.	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 all other like empowered.

SIGNATURE: Chorman R. Hoskins Chorman R. Hoskins 1-30-01 941-387-8395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)