

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90045 007 ***150.00

DOCUMENT # P98000072411

1. Entity Name
INDUSTRIAL TECHNOLOGY SERVICES, INC.



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
6400 Manatee Ave. W.
Suite, Apt. #, etc.
Suites 102-103

3. Mailing Address
7316 Manatee Ave. W.
Suite, Apt. #, etc.
PMB 334

CHECK HERE IF MAKING CHANGES

City & State
Bradenton, Florida
Zip
34209
Country
USA

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Bradenton, Florida
Zip
34209
Country
USA

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

7. Name and Address of New Registered Agent

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

Name
Hoskins, Michael C.
Street Address (P.O. Box Number is Not Acceptable)
436 77th Street W.
City
Bradenton FL Zip Code
34209

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. I am familiar with, and accept the obligations of registered agent.

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

4/30/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSKINS, MICHAEL C 436 77TH ST. W. BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOSKINS, DAVID M 2311 88TH ST. COURT NW BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOSKINS, CHARMAN R 436 77TH ST. W. BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOSKINS, RACHEL A 2311 88TH ST. COURT NW BRADENTON FL 34209	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5112 5th Ave. DR. NW Bradenton, FL. 34209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5112 5th Ave. DR. NW. Bradenton, FL. 34209	
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

12. 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 10 or Block 11 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

4-30-03 941-761-4230
Date Daytime Phone #

CR2E034 (10/02)