

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 14, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000093245****1. Entity Name**

INTEGRATED STRATEGIC SOLUTIONS, INC.

Principal Place of Business

1558 ENSENADA DRIVE

ORLANDO
32823

FL

Mailing Address

1558 ENSENADA DRIVE

ORLANDO
32823

FL

2. Principal Place of Business

1558 ENSENADA DRIVE

3. Mailing Address

1558 ENSENADA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

4. FEI Number**59-3551966****Applied For**

Not Applicable

Zip
328258346Country
USZip
328258346Country
US**5. Certificate of Status Desired****\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**FOSS ROSE M
1558 ENSENADA DRIVEORLANDO
32823

FL

7. Name and Address of New Registered Agent**Name**

FOSS ROSE M

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

1558 ENSENADA DRIVE

City
ORLANDO

FL

Zip Code
328258346**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)

01/14/2000

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	ST	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	ST	FOSS RANDY	1558 ENSENADA DRIVE	ORLANDO FL 32823	<input type="checkbox"/>

TITLE	PD	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PD	FOSS ROSE M	1558 ENSENADA DRIVE	ORLANDO FL 32823	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	ST	FOSS ORLANDO W	1558 ENSENADA DRIVE	ORLANDO FL 32825	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	PD	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PD	FOSS ROSE M	1558 ENSENADA DRIVE	ORLANDO FL 32825	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:** Orlando W. Foss**ST:** 01/14/2000