

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90125 028 ***150.00

DOCUMENT # P98000100389
1. Entity Name
INTEGRATED ECONOMIC SOLUTIONS CORPORATION



Principal Place of Business
**4798 HANGING MOSS LANE
SARASOTA FL 34238**

Mailing Address
**P O BOX 1948
NOKOMIS FL 34274**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1751150**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**COBB, WILLIAM E
4798 HANGING MOSS LANE
SARASOTA FL 34238**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D <input type="checkbox"/> Delete
NAME	JOWETT, JAMES R
STREET ADDRESS	954 POINT SEASIDE DR
CITY-ST-ZIP	CRYSTAL BCH FL 34681
TITLE	D <input type="checkbox"/> Delete
NAME	MASON, ROBERT J
STREET ADDRESS	2211 6TH STREET WEST
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	D <input type="checkbox"/> Delete
NAME	WEINER, LAWRENCE A
STREET ADDRESS	1825 BRIGHTWATER BLVD NE
CITY-ST-ZIP	SAINT PETERSBURG FL 33704
TITLE	D <input type="checkbox"/> Delete
NAME	KASHKASHIAN, DIKRAN
STREET ADDRESS	1900 CASEY KEY ROAD
CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	D <input type="checkbox"/> Delete
NAME	DAVIDSON, GORDON M
STREET ADDRESS	6311 TISBURY CT
CITY-ST-ZIP	BURKE VA 22015
TITLE	<input type="checkbox"/> Delete
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
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *OSG/N/2003 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

Date

918-2727

Daytime Phone #

CR2E034 (10/02)