

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030829

1. Entity Name

SOUTHERN INTEGRATED SOLUTIONS, INC.

FILED

Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90174 049 \*\*\*158.75

Principal Place of Business

Mailing Address

1370 SOUTH OCEAN BLVD. #503  
POMPANO BEACH FL 33062

1370 SOUTH OCEAN BLVD. #503  
POMPANO BEACH FL 33062-7129

800000004

2. Principal Place of Business

2400 W. CYPRUSS RD

3. Mailing Address

2400 W. CYPRUSS CRK RD.

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

#100

City & State

FT. LAUD, FL.

City & State

FT. LAUD, FL.

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0938924

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

KUENTZER, ROBERT F JR  
1370 SOUTH OCEAN BLVD. #503  
POMPANO BEACH FL 33062

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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KUENTZER, ROBERT F JR	
STREET ADDRESS	1370 SOUTH OCEAN BLVD. #503	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCUTT, SHANNON	
STREET ADDRESS	2391 NORTHWEST 34TH TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1540 SW 16 ST.	
CITY-ST-ZIP	FT. LAUD, FL 33312	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)