

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91360 048 ***150.00

DOCUMENT # P99000058497

1. Entity Name
INTEGRATED GIS, INC.



Principal Place of Business
**1622 SOUTH CLUB DRIVE
WELLINGTON FL 33414**

Mailing Address
**1622 SOUTH CLUB DRIVE
WELLINGTON FL 33414**

2. Principal Place of Business

1826 STAIMFORD CIR

3. Mailing Address

1826 STAIMFORD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WELLINGTON, FL

City & State
WELLINGTON

Zip Country
33414 USA

Zip Country
33414 USA

4. FEI Number **65-0936051**

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **SCOTT L. PETERICH**
Street Address (P.O. Box Number is Not Acceptable)
1826 STAIMFORD CIRCLE
City **WELLINGTON** FL Zip Code **33414**

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 **Scott L. Peterich**

4-20-03

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

TITLE **PSD** ☐ Delete
NAME **PETERICH, SCOTT L**
STREET ADDRESS **1622 SOUTH CLUB DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **TVD** ☐ Delete
NAME **PETERICH, DONNA J**
STREET ADDRESS **1622 SOUTH CLUB DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **PETERICH, SCOTT L.**
STREET ADDRESS **1826 STAIMFORD CIRCLE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **TVD** ☒ Change ☐ Addition
NAME **PETERICH, DONNA J.**
STREET ADDRESS **1826 STAIMFORD CIRCLE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Scott L. Peterich** **SCOTT L. PETERICH** **4-20-03** **561-333-7284**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)