

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90740 004 ***158.75

DOCUMENT # P99000083615	
1. Entity Name ITS INDUSTRIES CORP.	

Principal Place of Business 15052 SW 141ST LANE MIAMI, FL 33196	Mailing Address 15052 SW 141ST LANE MIAMI, FL 33196
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2. Principal Place of Business 5238 NAUTILUS DR Suite, Apt. #, etc.	3. Mailing Address 5238 NAUTILUS DR. Suite, Apt. #, etc.
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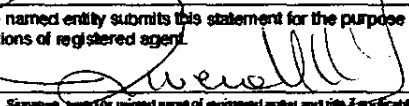


☒ CHECK HERE IF MAKING CHANGES

City & State CAPE CORAL, FL	City & State CAPE CORAL, FL	4. FEI Number 65-0949200	Applied For ☐ Not Applicable
Zip 33904	Country LEE	Zip 33904	Country LEE
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RIVERA, JACQUELINE 15052 SW 141ST LANE MIAMI, FL 33196		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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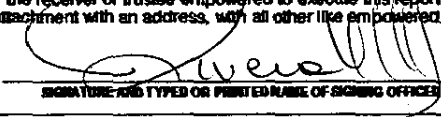
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **04.25.03**

FILED WITH FEES IS SUBMITTED After May 1, 2003, the fee is \$300.00. Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD	☐ Delete	TITLE PSD	☒ Change ☐ Addition
NAME RIVERA, JACQUELINE		NAME RIVERA, JACQUELINE	
STREET ADDRESS 15052 SW 141ST LANE		STREET ADDRESS 5238 NAUTILUS DR.	
CITY-ST-ZIP MIAMI, FL 33196		CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE **04.25.03** DAYTIME PHONE # **239.541.3996**