

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085566

1. Entity Name

INTEGRATED HOME SYSTEMS, INC.

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90058 027 ***150.00

Principal Place of Business

9831 CONSERVATION DRIVE
NEW PORT RICHEY FL 34655

Mailing Address

~~9831 CONSERVATION DRIVE~~
~~NEW PORT RICHEY FL 34655-6025~~

816974



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5320 Little Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.M.B. 300

City & State

City & State

New Port Richey FL

4. FEI Number

59-3599210

Applied For

Not Applicable

Zip

Country

Zip

Country

34655

PASCO

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	SANTONE, DONATO	9831 CONSERVATION DRIVE	NEW PORT RICHEY FL 34655	<input type="checkbox"/>
D	SANTONE, DOLORES J	9831 CONSERVATION DRIVE	NEW PORT RICHEY FL 34655	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONATO SANTONE DOLORES J. SANTONE
1-17-2000

Daytime Phone #

CR2E034 (9/99)