

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90072 027 ***150.00

MARKET
AV

DOCUMENT # P99000088679

1. Entity Name

I.T. SEARCH PROFESSIONALS INC.

Principal Place of Business

**2503 DEL PRADO
 SUITE 505
 CAPE CORAL FL 33904**

Mailing Address

**2503 DEL PRADO
 SUITE 505
 CAPE CORAL FL 33904**

2. Principal Place of Business

5478 Harbour Castle Dr.
 Suite, Apt. #, etc.

3. Mailing Address

5478 Harbour Castle Dr.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

4. FEI Number

65-0951401

Applied For

Not Applicable

Zip

33907

Country

Zip

33907

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JONES, JEANNIE M
 1518 SW 54 TERRACE
 CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name

Jeannie M. Jones

Street Address (P.O. Box Number is Not Acceptable)

5478 Harbour Castle Dr.

City

FT. MYERS

FL

Zip Code

33907

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

Jeannie M. Jones

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

(NOTE: Registered Agent signature required when reinstating)

4-26-02
 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, 2002 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

TITLE **D** ☐ Delete
 NAME **JONES, JEANNIE M**
 STREET ADDRESS **2503 DEL PRADO, SUITE 505**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☐ Delete
 NAME **JONES, ERIC B**
 STREET ADDRESS **2503 DEL PRADO, SUITE 505**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Jeannie M. Jones** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5478 Harbour Castle Dr.**
 CITY-ST-ZIP **FT. MYERS, FL 33907**

TITLE **Eric B. Jones** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5478 Harbour Castle Dr.**
 CITY-ST-ZIP **FT. MYERS, FL 33907**

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

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

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

TITLE ☐ Change ☐ 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:

Jeannie M. Jones
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02
 Date Daytime Phone #

CR2E034 (9/01)