

# 2001 UNIFORM BUSINESS REPORT (UBR)

162

DOCUMENT # **S74985**

1. Entity Name

**INTEGRATED DEALER SYSTEMS INC.**

FILED

01 JAN 12 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5275 CAPITAL BLVD  
RALEIGH NC 27616  
US

Mailing Address

5275 CAPITAL BLVD  
JOHN ARMSTRONG  
RALEIGH NC 27616  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-1472457**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARMSTRONG, JOHN P  
10901 B ROOSEVELT BLVD  
SUITE 600  
ST. PETERSBURG FL 33716

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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MUELLER, MARK W</b>	
STREET ADDRESS	<b>4901 FOX BRANCH COURT</b>	
CITY-ST-ZIP	<b>RALEIGH NC 27614</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ARMSTRONG, JOHN P</b>	
STREET ADDRESS	<b>207 WEST AYCOCK STREET</b>	
CITY-ST-ZIP	<b>RALEIGH NC 27608</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HAWKINS, STEPHEN R</b>	
STREET ADDRESS	<b>31 WILLCOCKS</b>	
CITY-ST-ZIP	<b>AXAX ON LIT -3L9</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	<b>700003576467--2</b>	
CITY-ST-ZIP	<b>-01/26/01--01051--009</b>	
	<b>****150.00 ****150.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

*John Armstrong*  
**John Armstrong**

Date

**1-10-01**

Daytime Phone #

**919-790-5443**

**SP**

CR2E034 (10/00)