

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90052 002 ***150.00

U03936/1 AV

DOCUMENT # J81170

1. Entity Name
INTEGRA ORLANDO, INC.

Principal Place of Business % STEPHEN J. MATONIS 17 SOUTH MAGNOLIA AVE ORLANDO FL 32801 US	Mailing Address % STEPHEN J. MATONIS 17 SOUTH MAGNOLIA AVE ORLANDO FL 32801 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-2811665**
 Applied For
 Not Applicable

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

MATONIS, STEPHEN J.
17 SOUTH MAGNOLIA AVE
ORLANDO FL 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P MATONIS, STEPHEN J.**
 STREET ADDRESS **17 S. MAGNOLIA AVE**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE Change Addition
 NAME **P MATONIS, STEPHEN J.**
 STREET ADDRESS **13265 KIRBY SMITH ROAD**
 CITY-ST-ZIP **ORLANDO, FL 32832**

TITLE Delete
 NAME **B MACDERMOTT, PAUL W.**
 STREET ADDRESS **148 RIVER OAKS CIRCLE**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V SORICH, MICHAEL S**
 STREET ADDRESS **17 S. MAGNOLIA AVE**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE Change Addition
 NAME **V SORICH, MICHAEL S.**
 STREET ADDRESS **9405 WICKHAM WAY**
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE Delete
 NAME **ST GOODMAN, GEORGE L**
 STREET ADDRESS **7175 FOSTER LANE**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE Change Addition
 NAME **ST GOODMAN, GEORGE L.**
 STREET ADDRESS **1055 KENSINGTON PARK DR., #504**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE Delete
 NAME **B LENTZ, CHARLES J**
 STREET ADDRESS **7517 SOMERSET SHORES CT**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: **Charles J. Lentz**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 **407-843-3371**
 Date Daytime Phone #

CR2E034 (9/01)