

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90100 022 \*\*\*150.00

**DOCUMENT # J81170**

1. Entity Name  
**INTEGRA ORLANDO, INC.**



Principal Place of Business % <b>STEPHEN J. MATONIS</b> 17 SOUTH MAGNOLIA AVE ORLANDO FL 32801 US	Mailing Address % <b>STEPHEN J. MATONIS</b> 17 SOUTH MAGNOLIA AVE ORLANDO FL 32801 US
---	---



2. Principal Place of Business <b>28 West Central Boulevard</b> Suite, Apt. #, etc. <b>Suite 300</b>	3. Mailing Address <b>28 West Central Boulevard</b> Suite, Apt. #, etc. <b>Suite 300</b>
---	---

CHECK HERE IF MAKING CHANGES

City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
------------------------------------	------------------------------------

4. FEI Number <b>59-2811665</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip <b>32801-2431</b>	Country <b>US</b>	Zip <b>32801-2431</b>	Country <b>US</b>
--------------------------	----------------------	--------------------------	----------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent  
**MATONIS, STEPHEN J.**  
**17 SOUTH MAGNOLIA AVE**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
Name  
**Matonis, Stephen J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**28 West Central Boulevard**  
**Suite 300**  
City  
**Orlando** **FL** Zip Code  
**32801-2431**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MATONIS, STEPHEN J.</b> <b>13265 KIRBY SMITH RD.</b> <b>ORLANDO FL 32832</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B</b> <b>MACDERMOTT, PAUL W.</b> <b>148 RIVER OAKS CIRCLE</b> <b>SANFORD FL 32771</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SORICH, MICHAEL S</b> <b>9405 WICKHAM WAY</b> <b>ORLANDO FL 32836</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>GOODMAN, GEORGE L</b> <b>1055 KENSINGTON PARK DR. #504</b> <b>ALTAMONTE SPRINGS FL 32714</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B</b> <b>LENTZ, CHARLES J</b> <b>7517 SOMERSET SHORES CT</b> <b>ORLANDO FL 32819</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 file 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 of authority or other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *3/31/03* 407-843-3377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)