2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

DALLAS TX 75219

INTEGRATED BUILDERS, INC.



F01000002798 1. Entity Name

Principal Place of Business 2501 OAK LAWN AVE., SUITE 460

Mailing Address

2501 OAK LAWN AVE., SUITE 460

DALLAS TX 75219

2. Principal Place of Business 302 N. Market 3. Mailing Address 302 H. Market St. 04-18-2003 90141 024 ***150.00

FILED

Apr 18, 2003 8:00 am Secretary of State



K CHECK HERE IF MAKING CHANGES

City & Stat	S, TX	City & State Dallas	<u></u>	4. FI	75-2881123		oplied For ot Applicable	
75200	2 Country USA	-75202	Country	_ 5. C		8.75 Add		
-"	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent				
			Name					
C T CORPORATION SYSTEM			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
1200 SOU	directridate	direct Address (1.0. Box Natified is Not Addeptable)						
PLANTATIO	ON FL 33324							
			City			T 7'- Cod	_	
			City		FL	Zip Code	е	
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or reg	istered age	ent, or both, in the State of Florida. I am fa	ımiliar with,	and accept	
SIGNATURE .								
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signature red	quired when rein	nstating) DATE			
Afte Make Check	,		9. Election Campaign Financing Trust Fund Contribution.		IO May Be d to Fees			
10.	OFFICERS AND D	DIRECTORS	11.		DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE	Р	☐ Delete	TITLE P	esider	\ \ . \	Change	Addition	
NAME	HURST, DAVID		NAME HU	wsf,D	avid si fo 705	(Addr	ress)	
STREET ADDRESS	2501 OAK LAWN AVE., SUITE 460		STREET ADDRESS 🗻	25 M U	rance + 61., Sinte 305	_		
CITY-ST-ZIP	DALLAS TX 75219		CITY-ST-ZIP	<u>allos</u>	TX 75202			
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NAME	WATSON, LIZ		NAME L	latson	market St., Swite 3	65 (A	dre (45)	
STREET ADDRESS	2501 OAK LAWN AVE., SUITE 460			4 .				
CITY-ST-ZIP	DALLAS-TX 75219	Compared to the control of	CITY-ST-ZIP D	allas	5.7X75202-			
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indicated	on this report or supplemental report is t	rue and accurate and that my	signature shall have t	the same le	19.07(3)(i), Florida Statutes. I further certifingal effect as if made under oath; that I am a Statutes; and that my name appears in I	n an officer (or director	

changed, or on an attachment with

SIGNATURE:

Daytime Phone #