

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90223 006 ***158.75

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1. Entity Name
INTEGRITY CABLE RESOURCES, INC.



Principal Place of Business
**6217 WEEKLY STREET
MILTON FL 32570**

Mailing Address
**6063 MANDIE LANE
MILTON FL 32570**



2. Principal Place of Business
6063 MANDIE LANE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MILTON, FL

City & State

4. FEI Number **59-3548228**

Applied For
Not Applicable

Zip **32570** Country **USA**

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STILTNER, VERA M
4260 HWY 90
APT 30
PACE FL 32571**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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 **PCD** ☐ Delete
NAME **BLACKSTONE, LAWRENCE P**
STREET ADDRESS **6063 MANDIE LANE**
CITY-ST-ZIP **MILTON FL**

TITLE **VTD** ☒ Delete
NAME **BLACKSTONE, OLIVIA D**
STREET ADDRESS **6063 MANDIE LANE**
CITY-ST-ZIP **MILTON FL**

TITLE **SD** ☒ Delete
NAME **BLACKSTONE, LAWRENCE T**
STREET ADDRESS **4041 E OLIVE RD., APT #388**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD ST** ☒ Change ☐ Addition
NAME **BLACKSTONE, LAWRENCE P.**
STREET ADDRESS **6063 MANDIE LANE**
CITY-ST-ZIP **MILTON, FL**

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE P. BLACKSTONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

850 626 0755

Daytime Phone #

CR2E034 (10/02)