

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001290

1. Entity Name

INTEGRITY MANAGEMENT HOUSEKEEPING SERVICES, INC.



**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90041 031 \*\*\*550.00

Principal Place of Business

P.O. BOX 976  
NIPOMO CA 93444

Mailing Address

P.O. BOX 976  
NIPOMO CA 93444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **73-1457500**

Applied For

Not Applicable

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

~~POITRAS-ED~~

TYNDALL AFB, 325 MEDICAL GROUP  
340 MAGNOLIA CIRCLE, BLDG. 1468  
TYNDALL AFB FL 32403

Name

**JACQUELINE RICE**

Street Address (P.O. Box Number is Not Acceptable)

**SAME**

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

**15 AUG 2000**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CPST  
TORRES, RAUL H JR.  
1089 MESA VIEW DRIVE  
ARROYO GRANDE CA 93420** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VVD  
TORRES, RAUL H JR.  
1089 MESA VIEW DRIVE  
ARROYO GRANDE CA 93420** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/01/00**

**(805) 481-6310**

Date

Daytime Phone #

CR2E034 (5/00)