2001 UNIFORM BUSINESS REPOR[illegible]R)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 25 AM 10: 47

A00084087

DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000001290

1. Entity Name
INTEGRITY MANAGEMENT HOUSEKEEPING SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 976 NIPOMO CA 93444	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
~~PORRAS, ED~~ JACQUELINE RICE TYNDALL AFB, 325 MEDICAL GROUP 340 MAGNOLIA CIRCLE, BLDG. 1468 TYNDALL AFB FL 32403	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 See attached page for Signature
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 12, 2001 Fee 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	VD TORRES, RAUL H JR. 1089 MESA VIEW DRIVE ARROYO GRANDE CA 93420 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition SP

CR2E034 (5/01)

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 — 8-15-01 — 805/929 8388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P97082

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001290

1. Entity Name
INTEGRITY MANAGEMENT HOUSEKEEPING SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 976 NIPOMO CA 93444	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

DO NOT WRITE IN THIS SPACE

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] 15 AUG 2000
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 $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 LIST		
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	WD TORRES, RAUL H JR. 1089 MESA VIEW DRIVE ARROYO GRANDE CA 93420	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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SIGNATURE: [signature] 08/01/00 (805)481-6310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date