

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90190 003 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000002275

1. Entity Name
INTEGRITY FIRST TITLE, LLC



Principal Place of Business
10312 BLOOMINGDALE AVE.
RIVERVIEW, FL 33569

Mailing Address
10312 BLOOMINGDALE AVE.
RIVERVIEW, FL 33569

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

03 - 038 3037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DISCHNER, MICHAEL J
10312 BLOOMINGDALE AVE.
RIVERVIEW, FL 33569

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 changing)

DATE

FILE NOW WITH FEE OF \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
					MGR	Michael J. Dischner	10312 Bloomingdale Ave.	Riverview, FL 33569		
					MGR	Joseph R. Walker	10312 Bloomingdale Ave.	Riverview, FL 33569		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-22-03 (813) 273-4200

CR2E083 (10/02)