

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36276

1. Entity Name

INTEGRITY CABINETS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90044 050 ***150.00

Principal Place of Business

Mailing Address

314 ANGLE RD.
FORT. PIERCE FL 34947
US

314 ANGLE ROAD
FORT PIERCE FL 34947-2516
US

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 65-0160824

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

KALDON, JOHN E.
5100 N. A1A D36
VERO BEACH FL 32963

Name

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

City

FL

Zip Code

32963

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD
NAME KALDON, JOHN E.
STREET ADDRESS 5100 N. A1A D36
CITY-ST-ZIP VERO BEACH FL

☐ Delete

TITLE S
NAME KALDON ELEANOR
STREET ADDRESS 5100 N-A1A D36
CITY-ST-ZIP VERO BEACH FL

☐ Delete

TITLE VOT
NAME BUTHEN, BOB
STREET ADDRESS 1458 N LAWN WOOD CIR APT 27B
CITY-ST-ZIP FT PIERCE FL 34950

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

John E. Kaldon JOHN E. KALDON

Date

Daytime Phone #

561
4-30-00 468-8387

CR2E034 (9/99)