

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90160 017 ***150.00

DOCUMENT # L36276

1. Entity Name
INTEGRITY CABINETS, INC.

Principal Place of Business
314 ANGLE RD.
FORT. PIERCE FL 34947
US

Mailing Address
314 ANGLE ROAD
FORT PIERCE FL 34947
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0160824

Applied For

Not Applicable

Zip

Country

Zip

Country

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.
466 GREYTWIS ROAD
VERO BEACH FL 32963

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

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, 2002 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** ☐ Delete
 NAME **KALDON, JOHN E.**
 STREET ADDRESS **5100 N. A1A D38**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE ☒ Change ☐ Addition
 NAME **466 Greytwis Rd**
 STREET ADDRESS **VERO BEACH, FLA. 32963**
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **KALDON ELEANOR**
 STREET ADDRESS **5100 N-A1A D38**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE ☒ Change ☐ Addition
 NAME **466 Greytwis Rd.**
 STREET ADDRESS **VERO BEACH, FLA. 32963**
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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

4-24-02

Date

561-468-8387

Daytime Phone #

CR2E034 (9/01)