

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 24 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003597

1. Entity Name

Integrity First Realty, LLC

Principal Place of Business

3969 Congress Parkway
Richfield, OH 44286-9745

Mailing Address

3969 Congress Parkway
Richfield, OH 44286-9745

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
58-2479047

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

Name

Bradley J. Ramey

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

719 S.W. 6th Street

City

Cape Coral

FL

Zip Code
33991

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

Bradley J. Ramey, Managing Member

(NOTE: Registered Agent signature required when reinstating)

4/25/00
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	Managing Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James W. Ramey	
STREET ADDRESS	3969 Congress Parkway	
CITY-ST-ZIP	Richfield, OH 44286-9745	
TITLE	Managing Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brad Ramey	
STREET ADDRESS	719 S.W. 6th Street	
CITY-ST-ZIP	Cape Coral, FL 33991	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*****50.00 *****50.00

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: 

James W. Ramey, Managing Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (1/99)