2001 UNIFORM BUSINESS REPORT (UBR) May 07, 2001 8:00 am Secretary of State DOCUMENT # P00000078214 INTEGRITY SYSTEMS OF CENTRAL FLORIDA, INC. 05-07-2001 90002 036 ***150.00 Principal Place of Business Mailing Address 137 KNIGHTS HOLLOW DRIVE 137 KNIGHTS HOLLOW DRIVE APOPKA FL 32712 APOPKA FL 32712 548063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 9-3665189 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 8. The above named eptity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 🐣 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete THE CR2E034 (10/00) Addition ☐ Change NAME **NOWELLS, JAMES W** NAME STREET ADDRESS 137 KNIGHTS HOLLOW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 T!T! F **VD** ☐ Delete TITL F Change Addition NAME SIBLEY, BERNARD NAME STREET ADDRESS STREET ADDRESS 137 KNIGHTS HOLLOW DRIVE CITY-ST-ZIE CITY-ST-73P APOPKA FL 32712 STD TITLE Delete TITLE Change [] Addition GONZALEZ, JESSE J NAME NAME STREET ADDRESS STREET ADDRESS 137 KNIGHTS HOLLOW DRIVE CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP THEE ☐ Delete TITLE ☐ Change Th Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 the empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

407-856-1906

Daytime Friend #