

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-15-2001 90076 050 ***150.00

DOCUMENT # P00000086064

1. Entity Name
INTEGRITY STAFFING SOLUTIONS, INC.

Principal Place of Business Mailing Address
404 18TH AVE **404 18TH AVE**
INDIAN ROCKS BEACH FL 33785 **INDIAN ROCKS BEACH FL 33785**

2. Principal Place of Business 3. Mailing Address
403 12th Ave. **403 12th Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Indian Rocks Beach, FL **Indian Rocks Beach, FL**
Zip Country Zip Country
33785 **USA** **33785** **USA**

4. FEI Number Applied For
59-3672206 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KONTOS, PERRY L
404 18TH AVE
INDIAN ROCKS BEACH FL 33785

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.

SIGNATURE **PERRY L. KONTOS** *Perry L. Kontos* **4-30-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D KONTOS, KIM	404 18TH AVE	INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/>
	D SCHUELER, KRISTIN	10915 NE 112TH STREET	KIRKLAND WA 98033	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	P.D. Kim Kontos	403 12th Ave.	Indian Rocks Beach, FL 33785	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	VP Ryan Hattrup	403 12th Ave.	Indian Rocks Beach, FL 33785	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Kim Kontos* **Kim Kontos** **4/30/01** **727-545-0080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)