

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0029138 AV

DOCUMENT # P00000117536

1. Entity Name
INTEGRITY CHECK SERVICES

02-04-2002 90174 033 ***150.00

Principal Place of Business
10465 WELLINGTON SPRING WAY
JACKSONVILLE FL 32221-1175

Mailing Address
10465 WELLINGTON SPRING WAY
JACKSONVILLE FL 32221-1175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 E. Union St Suite 402

3. Mailing Address
101 E. Union Street

Suite, Apt. #, etc.
402

Suite, Apt. #, etc.
402

City & State
Jacksonville FL

City & State
Jacksonville Florida

4. FEI Number
59-3686401

Applied For
Not Applicable

Zip
32202

Country
Duval

Zip
32202

Country
Duval

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

DRUMMOND, ROBERT L
10465 WELLINGTON SPRING WAY
JACKSONVILLE FL 32221-1175

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Delete
NAME
DRUMMOND, ROBERT L
STREET ADDRESS
10465 WELLINGTON SPRING WAY
CITY-ST-ZIP
JACKSONVILLE FL 32221-1175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D ☐ Delete
NAME
WILLIAMS, PHYLLIS E
STREET ADDRESS
1220 GORHAM DR
CITY-ST-ZIP
JACKSONVILLE FL 32226

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D ☒ Delete
NAME
TYSON, TOMMIE L JR
STREET ADDRESS
9720 CARBONDALE DR E
CITY-ST-ZIP
JACKSONVILLE FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Phyllis E. Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/02 (904) 714-1516
 Date Daytime Phone #

CR2E034 (9/01)