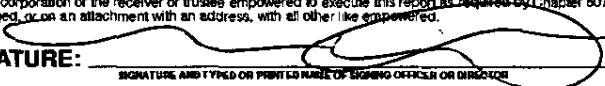


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90254 033 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000012201																																							
1. Entity Name INTEGRITY HOLDINGS, INC.																																							
Principal Place of Business 8001 N. DALE MABRY HWY STE 401 C TAMPA, FL 33614		Mailing Address 4002 W WATERS AVE TAMPA, FL 33614																																					
2. Principal Place of Business 5513 AMBASSADOR DR.		3. Mailing Address SPM BOX 260785																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																					
City & State Tampa FL		City & State Tampa FL																																					
Zip 33615	Country HILLS	Zip 33615-785	Country HILLS																																				
4. FEI Number 59-3696788		Applied For ☐ Not Applicable																																					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent DAMBRA, NICHOLAS A 5513 AMBASSADOR DRIVE TAMPA, FL 33614																																					
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when restoring.)																																					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>☐ Delete</th></tr></thead><tbody><tr><td>T</td><td>DAMBRA, NICHOLAS A</td><td>5513 AMBASSADOR DRIVE</td><td>TAMPA, FL 33615</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	T	DAMBRA, NICHOLAS A	5513 AMBASSADOR DRIVE	TAMPA, FL 33615																											
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>☐ Change</th><th>☐ Addition</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition																															12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered. SIGNATURE:  4/29/03 513 882-8820 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition																																		

CR20034 (10/02)