

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90166 019 \*\*\*150.00

DOCUMENT # P01000043599

1. Entity Name

INTEGRA DEVELOPMENT CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2528 SW 36th LANE

Suite, Apt. #, etc.

3. Mailing Address

2528 SW 36th LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CAPE CORAL, FLORIDA

City & State  
CAPE CORAL, FLORIDA

4. FEI Number  
65-1134698

Applied For  
Not Applicable

Zip  
33914

Country  
USA

Zip  
33914

Country  
USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

Name  
THOMAS M. RIDER

Street Address (P.O. Box Number is Not Acceptable)  
2528 SW 36th LANE

City  
CAPE CORAL

FL

Zip Code  
33914

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

*Thomas M. Rider* THOMAS M. RIDER

2-27-2002

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/S/T LINDA M. RIDER 2528 SW 36th LANE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MO THOMAS M. RIDER 2528 SW 36th LANE CAPE CORAL, FL 33914
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas M. Rider* THOMAS M. RIDER

2-27-2002 941-542-2705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)