

4/9/0

FILED
May 21, 2002 8:00 am
Secretary of State

04-09-2002 90079 032 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047772

1. Entity Name

INTEGRITY CLAIM SERVICE OF TAMPA BAY, INC.

Principal Place of Business

POST OFFICE BOX 3156
 BRANDON FL 33309

Mailing Address

POST OFFICE BOX 3156
 BRANDON FL 33309

2. Principal Place of Business

220 W. Brandon Blvd.
 Suite, Apt. #, etc.
 101

3. Mailing Address

PO Box 3156
 Suite, Apt. #, etc.

City & State
 Brandon FL

City & State
 Brandon FL

4. FEI Number

59-3715089

Applied For

Not Applicable

Zip
 33511

Country
 USA

Zip
 33509

Country
 USA

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRAFTON, BRIAN
 220 W BRANDON BOULEVARD
 SUITE 102
 BRANDON FL 33510

7. Name and Address of New Registered Agent

Name Linda S. Green
 Street Address (P.O. Box Number is Not Acceptable) 220 W. Brandon Blvd #101
 City Brandon FL Zip Code 33511

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

Linda S. Green
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-1-02

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
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, LINDA	
STREET ADDRESS	POST OFFICE BOX 3156	
CITY-ST-ZIP	BRANDON FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Linda S. Green
 Signature and typed or printed name of signing officer or director

4-1-02

Date

Daytime Phone #

CR2E034 (9/01)