

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90031 017 ***150.00

0350984 AV

DOCUMENT # P01000050313

1. Entity Name

INTEGRITY CANVAS AND SAIL, INC.

Principal Place of Business

Mailing Address

**909 LAKE SHORE DRIVE #207
 LAKE PARK FL 33403**

**909 LAKE SHORE DRIVE #207
 LAKE PARK FL 33403**

2. Principal Place of Business

3. Mailing Address

210-B 10th STREET

210-B 10th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE PARK, FL

LAKE PARK, FL

Zip

Country

Zip

Country

33403

USA

33403

USA

4. FEI Number

Applied For

05-111911

Not Applicable

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

**HAWRYSCHUK, ROBIN L
 909 LAKE SHORE DRIVE #207
 LAKE PARK FL 33403**

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

Robin L. Hawryschuk

ROBIN L. HAWRYSCHUK (PRESIDENT)

01-08-02

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
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
**D
 HAWRYSCHUK, DANIEL R JR
 909 LAKE SHORE DRIVE #207
 LAKE PARK FL 33403**

☐ Delete
**D
 HAWRYSCHUK, ROBIN L
 909 LAKE SHORE DRIVE #207
 LAKE PARK FL 33403**

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Robin L. Hawryschuk

ROBIN L. HAWRYSCHUK

Date

01-08-02

Daytime Phone #

561-844-3884

CR2E034 (9/01)