

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082348

1. Entity Name

INTEGRA CONSULTING ASSOCIATES, INC.

Principal Place of Business

5609 DELANO LANE
ORLANDO FL 32821

Mailing Address

5609 DELANO LANE
ORLANDO FL 32821

2. Principal Place of Business

8651 Commodity Cir.
Suite, Apt. #, etc.

3. Mailing Address

8651 Commodity Cir.
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. EEL Number

59-373-6662

Applied For

Not Applicable

Zip

32819

Country

Zip

32819

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMAND, JAMES P JR.
5609 DELANO LANE
ORLANDO FL 32821

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.

SIGNATURE James P Romand Jr

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

James P Romand Jr

Registered Agent signature required when reinstating

1-10-02

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 CPD
NAME FERNANDEZ, WILLIAM
STREET ADDRESS 2200 PINENEEDLE TRAIL
CITY-ST-ZIP KISSIMMEE FL 34746

☐ Delete

TITLE VD
NAME ROMAND, JAMES P JR.
STREET ADDRESS 5609 DELANO LANE
CITY-ST-ZIP ORLANDO FL 32821

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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:

James P Romand Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10 02

Date

355-9292

Daytime Phone #

0106534 AV

CR2034 (9/01)

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90006 025 ***150.00



DO NOT WRITE IN THIS SPACE