5/24/2002-91324-0

FILED
Jul 22, 2002 8:00 am
Secretary of State
05-24-2002 91324 030 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096662

1. Entity Name

INTEGRA ASSET MANAGEMENT,,INC.

DO NOT WRITE IN THIS SPACE

39069

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2090 Gentry Street	P.O. Box 2657
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Largo, FL
Zip: 33765 Country: Pinellas	Zip: 33779 Country: Pinellas

4. FEI Number — Applied For ☐ Not Applicable ☑

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mo Pahau

Street Address (P.O. Box Number is Not Acceptable): 2090 Gentry St

City: Clwr FL Zip Code: 33765

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: _____ DATE: 7/15/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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	PSTD
NAME	Shawn L. Mechan
STREET ADDRESS	2090 Gentry Street
CITY-ST-ZIP	Clearwater, FL 33765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E346 (12/01)

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: _____ 7/23/02 656-7898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #