FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90813 041 ***158.75

BU120100

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000098326

1. Entity Name
INTEGRITY COMMERCIAL SOLUTIONS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
22304 CALIBRE CT.	22304 CALIBRE CT
Suite, Apt. #, etc.: SUITE 1306	Suite, Apt. #, etc.: SUITE 1306
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33433 Country: US	Zip: 33433 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 26-4473546 ☐ 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: LARRY SISSON

Street Address (P.O. Box Number is Not Acceptable): 218 SOUTHERN COUNTRY LANE

City: QUINCY FL Zip Code: 32351

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 _____
Signature, typed or printed name of registered agent and date 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: DIRECTOR AND PRESIDENT NAME: RAYMOND L. HOEWING STREET ADDRESS: 23800 WHITES FERRY RD CITY-ST-ZIP: DICKERSON, MD 20842	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DIRECTOR AND VICE PRESIDENT NAME: MARK W. HOEWING STREET ADDRESS: 22304 CALIBRE CT - SUITE 1306 CITY-ST-ZIP: BOCA RATON, FL 33433	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DIRECTOR AND SECRETARY AND TREASURER NAME: REVA O. HOEWING STREET ADDRESS: 23800 WHITES FERRY RD CITY-ST-ZIP: DICKERSON, MD 20842	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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DO NOT WRITE IN THIS SPACE

CR2E034B (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: _____ RAYMOND L. HOEWING 4/03/02 301-972-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #