

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91183 043 ***150.00

DOCUMENT # **P01000098326**

1. Entity Name

INTEGRITY COMMERCIAL SOLUTIONS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22304 CALIBRE CT

Suite, Apt. #, etc.

#1306

City & State

BOCA RATON, FL

Zip

33433

Country

US

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR AND PRESIDENT
RAYMOND L. HOEWING
23800 WHITES FERRY RD
DICKENSON, MD 20842**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR AND VICE PRESIDENT
MARK W. HOEWING
22304 CALIBRE CT - #1306
BOCA RATON, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR AND SECRETARY/TREASURER
REVA O. HOEWING
23800 WHITES FERRY RD
DICKENSON, MD - 20842**

TITLE
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12. 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 10 or on an attachment with an address, with a power of attorney.

SIGNATURE:

RAYMOND L. HOEWING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND L. HOEWING

Date

Daytime Phone #

CR2E0348 (12/02)