

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90143 016 ***150.00

DOCUMENT # P01000103423

1. Entity Name
INTEGRITY OUTDOOR SERVICES, INC.

Principal Place of Business

**951 COUNTRY CLUB BLVD
 CAPR CORAL FL 33990**

Mailing Address

**951 COUNTRY CLUB BLVD
 CAPR CORAL FL 33990**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

951 Country Club Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

951 Country Club Blvd.
 Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33990

Country

U.S.A.

City & State

Cape Coral, FL

Zip

33990

Country

U.S.A.

4. FEI Number

65-1154313

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHARF, GARY D
 951 COUNTRY CLUB BLVD
 CAPR CORAL FL 33990**

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

Gary D. Scharf, President

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

TITLE PTSD ☐ Delete
NAME SCHARF, GARY D
STREET ADDRESS 951 COUNTRY CLUB BLVD
CITY-ST-ZIP CAPR CORAL FL 33990

TITLE VD ☐ Delete
NAME SWASKA, JOHN
STREET ADDRESS 951 COUNTRY CLUB BLVD
CITY-ST-ZIP CAPR CORAL FL 33990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gary D. Scharf, President **GARY D. SCHARF**

Date

Daytime Phone #

941-574-7777

CR2E034 (9/01)