

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90089 023 ***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**



2. Principal Place of Business

951 Country Club Blvd.

3. Mailing Address

951 Country Club Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Cape Coral, FL.

City & State

Cape Coral, FL.

4. FEI Number **65-1154313**

Applied For

Not Applicable

Zip

33990

Country

USA

Zip

33990

Country

USA

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

SIGNATURE

Gary D Scharf

1-16-3

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **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

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary D Scharf
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-3

Date

Daytime Phone #

CR2E034 (10/02)