2002 UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2002 8:00 am Secrétary of State DOCUMENT # P01000104755 1. Entity Name INTEGRITY FINANCIAL MORTGAGE CORP. Principal Place of Business Mailing Address 4300 S. SEMORAN BLVD., SUITE 204 4300 S. SEMORAN BLVD., SUITE 204 ORLANDO FL 32812 ORLANDO FL 32812 3. Mailing Address 2. Principal Place of Business 00<u>5.5embr</u> DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3754057 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required- --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **ASENCIO, RICARDO** (P.O. Box Number is Not Acceptable) 4300 S. SEMORAN BLVD., SUITE 204 Senows ORLANDO FL 32812 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 obligation of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Change Change **ASENCIO, RICARDO** NAME STREET ADDRESS 4300 S. SEMORAN BLVD., SUITE 204 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME 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

STREET ADDRESS

CITY-ST-ZIP

FILED

Affachment

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