

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90036 016 ***150.00

DOCUMENT # P02000025026

1. Entity Name
INTEGRITY FIRST FUNDING GROUP, INC.



Principal Place of Business
606 PARSONS TERRACE
DUNEDIN FL 34698

Mailing Address
606 PARSONS TERRACE
DUNEDIN FL 34698



2. Principal Place of Business

3. Mailing Address

1460 Beltraces St

1460 Beltraces St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 11

Suite 11

City & State

City & State

Dunedin, FL

Dunedin, FL

Zip

Country

Zip

Country

34698

US

34698

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-3019702

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUSE, PHYLLIS
606 PARSONS TERRACE
DUNEDIN FL 34698

Name

Phyllis House

Street Address (P.O. Box Number is Not Acceptable)

1460 Beltraces St.

City

Suite 11

Dunedin

FL

Zip Code

34698

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEDOUX, LINDA	
STREET ADDRESS	8034 WOODBROOK COURT	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOUSE, PHYLLIS	
STREET ADDRESS	8034 WOODBROOK COURT	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Linda Ledoux - resigned	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	from company	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PHYLLIS HOUSE - Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1460 Beltraces St Suite 11	
STREET ADDRESS	Dunedin, FL 34698	
CITY-ST-ZIP		
TITLE	Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tina M. Oliniski	
STREET ADDRESS	16199 Rambling Vine Dr E	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

PHYLLIS HOUSE

1-6-03

727/735-0740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)