

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90277 043 ***150.00

DOCUMENT # P02000053743



1. Entity Name
INTEGRITY AIRCRAFT SERVICES, INC.

Principal Place of Business
**8800 OVERSEAS HWY.
MARATHON FL 33050**

Mailing Address
**8800 OVERSEAS HWY.
MARATHON FL 33050**



2. Principal Place of Business

442 SE 22 DR. HOMESTEAD, FL. 33033

3. Mailing Address

442 SE 22 DR HOMESTEAD, FL. 33033

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Homestead Florida

City & State
Homestead Florida

4. FEI Number
48-1259059

Applied For
☐ Not Applicable

Zip
33033

Country

Zip
33033

Country

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

**SIMMONS, ANNE M
442 SE 22ND DR
HOMESTEAD FL 33033**

Name **Anne M Simmons**

Street Address (P.O. Box Number is Not Acceptable)
442 SE 22 DRIVE

City **Homestead** **FL** Zip Code **33033**

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 **Anne Simmons President**

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

(NOTE: Registered Agent signature required when reinstating)

4-15-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
SIMMONS, ANNE
8800 OVERSEAS HWY.
MARATHON FL 33050** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Robert F. Simmons Jr.
442 SE 22 DR
Homestead, FL 33033** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)