## 18300037334

(Re	equestor's Name)				
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## TRANSMITTAL LETTER

SUBJECT: INTEGRITY DESIGN CENTER INC. (Name of Corporation)
DOCUMENT NUMBER: P03000037334
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ROBERT D. CHRISMAN (Name of Person)
(Name of Firm/Company)
412 OXFORD DR (Address)
NoKomis, FL 34275 (City/State and Zip Code)
For further information concerning this matter, please call:
ROBERT D. CHRISMAN at (941) 915-389/ (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Kosent D.	CHRISMAN	_, hereby resign as_	VICE	PRESIDEN (Title)	T
of INTEGRITY	DESEGN (Name of Corporat		ENC.		
P030003-133 (Document Number, if		ration organized un	der the laws o	f the State of	
FLORIDA	•				
	(Signature of	resigning officer/direc	tor)	D3 DEC 30 PM 1: 08 SECRETARY OF STATE TALLAHASSEE, FLORID	J

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILING FEE IS \$35.00