

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28459

1. Entity Name

INTEGRITY INTERNATIONAL SECURITY SERVICES, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90015 041 ***150.00

Principal Place of Business
211 SOUTH SIXTH ST.
P. O. BOX 274
CLARKSVILLE TN 37041-0274
US

Mailing Address
211 SOUTH SIXTH ST.
P. O. BOX 274
CLARKSVILLE TN 37041-0274
US

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 62-1016615

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

FALARDEAU, RICHARD
11 SPRINGER COURT
ORMOND BEACH FL 32174

Name
SAME

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.

SIGNATURE N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RIVERA, RIGOBERTO O.	812 WEATHERBY DR.	CLARKSVILLE TN	<input type="checkbox"/>
V	RIVERA, ERNESTINE	812 WEATHERBY DR.	CLARKSVILLE TN	<input type="checkbox"/>
ST	CHAMBERS, JASMINE RIVERA	2845 WIMBLEDON COURT	CLARKSVILLE TN 37043	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			SAME	<input type="checkbox"/>	<input type="checkbox"/>
			SAME	<input type="checkbox"/>	<input type="checkbox"/>
			SAME	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

RIGOBERTO O. RIVERA - PRESIDENT

March 20, 2000 (931) 647-5384

Date

Daytime Phone #

CR2E034 (9/99)