

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046763

1. Entity Name

INTEGRA MORTGAGE AND INVESTMENT, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90065 016 \*\*\*158.75

Principal Place of Business

Mailing Address

498 PALM SPRINGS DRIVE  
 SUITE 100  
 ALTAMONTE SPRINGS FL 32701

498 PALM SPRINGS DRIVE  
 SUITE 100  
 ALTAMONTE SPRINGS FL 32701-7849

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3269349

Applied For

Not Applicable

Zip

Country

Zip

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

HOBBS, SAMUEL H  
 652 TUSKAWILLA POINT LANE  
 WINTER SPRINGS FL 32708

ADDRESS  
 CHANGE  
 ONLY

Name

SAMUEL H. HOBBS

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

1110 ARBOR GREEN CIRCLE

City

WINTER SPRINGS

FL

Zip Code

32708

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

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 ☐ Delete  
 NAME D  
 STREET ADDRESS HOBBS, SAMUEL H  
 CITY-ST-ZIP 498 PALM SPRINGS DR. SUITE 100  
 ALTAMONTE SPRINGS FL 32701

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 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 information.

SIGNATURE:

SAMUEL H. HOBBS

Date

Daytime Phone #

CR2E034 (9/99)