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

## FILED Apr 18, 2003 8:00 am § Secretary of State P93000052191 DOCUMENT # 04-18-2003 90137 014 \*\*\*150.00 1. Entity Name INTEGRITY INSTALLATIONS, INC. Principal Place of Business Mailing Address 4783 NE 17 TR 4783 NE 17 TR FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 3. Mailing Address 4783 NE 17 2. Principal Place of Business 4783 NE lerrace Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For -65-0424062 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П 3rowara Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORNWELL, BRYAN A O. Box Number 1723 NE 45 ST FT LAUDERDALE FL 33334 8. The above named entity submits this statement for the purpose of g its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ited name of registered agent and title if applic FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition CORNWELL, BRYAN A NAME NAME STREET ADDRESS 4783 NE-45 ST STREET ADDRESS FT LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE

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 be the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by r 607. Florida Statutes: and that my name appears in Block 10 or Block

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition