FILED

Daytime Phone #

Date

## 2002 Uniform Business Report (UBR)

## Apr 15, 2002 8:00 am Secretary of State DOCUMENT # P94000060211 1. Entity Name 15-2002 90062 012 \*\*\*158 INTEGRITY REALTY OF THE TREASURE COAST, INC. Principal Place of Business Mailing Address 3511 NE 22ND AVE 3511 NE 22ND AVE STE 100 STE 100 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 US 2. Principal Place of Business 3. Mailing Address S. FEDERA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0550669 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.5 Name and Address of New Registered Agent -Name RUDD, JAMES D Street Address (P.O. Box Number is Not Acceptable) 3511 NE 22ND AVE STE 100 FORT LAUDERDALE FL 33308 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 🛂 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Director PDST TITLE ☐ Defete TITLE ☐ Addition James D. Rudd RUDD, JAMES D. NAME NAME 3511 NE 22M Ave, Ste 100 3511 NE 22ND AVE STE 100 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP Fort Landerdale CITY-ST-7IP 7D57 Addition TITLE Delete TITLE ☐ Change tery binner NAME NAME 3. Foderal Ita 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 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is port 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 trusts among the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the received SIGNATURE:

SIGNATURE AND TYPES OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR