

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

FILED
Oct 03, 2002 8:00 am
Secretary of State

10-03-2002 90050 013 ***550.00

DOCUMENT # P94000076854

1. Entity Name

Integrity Contractors, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5495 Cottonwood Dr.

Suite, Apt. #, etc.

3. Mailing Address

5495 Cottonwood Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Milton, FL

City & State

Milton, FL

4. FEI Number

59-3276636

Applied For

Not Applicable

Zip

32570

Country

US

Zip

32570

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Steven Smith

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

5495 Cottonwood Drive

City

Milton

FL

Zip Code

32570

**DO NOT WRITE
IN THIS SPACE**

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

Steven Smith (President) S.M. Smith

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

(NOTE: Registered Agent signature required when reinstating)

10-02-02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE President
NAME Steven Smith
STREET ADDRESS 5495 Cottonwood Dr., Milton, FL
CITY- ST- ZIP 32570

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steven Smith (President) S.M. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-02-02

Date

(850) 857-4400

Daytime Phone #

CR2E034B (12/01)