

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078970

1. Entity Name

INTEGRATED QUALITY RESOURCES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90028 014 ***150.00

Principal Place of Business

Mailing Address

1345 N HWY A1A
UNIT #607
INDIALANTIC FL 32903
US

PO BOX 33106
INDIALANTIC FL 32903-0106
US

2. Principal Place of Business

3. Mailing Address

348 RIO VILLA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

INDIALANTIC FL

Zip

Country

Zip

Country

32903

BREVARD

4. FEI Number 59-3276433

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

PARKER, JAMES T.
1345 N. HWY A1A
UNIT #607
INDIALANTIC FL 32903

Name

PARKER, JAMES T.

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

348 RIO VILLA BLVD

City

INDIALANTIC

FL

Zip Code

32903

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

TITLE ☐ Delete

NAME PARKER, JAMES T
STREET ADDRESS 620 NIGHTINGALE DR
CITY-ST-ZIP INDIALANTIC FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Delete

NAME PARKER, JAMES T.
STREET ADDRESS 348 RIO VILLA BLVD
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Change ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

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 like empowered.

SIGNATURE:

James T. Parker
JAMES T. PARKER

1/3/00

Date

321-779-8017

Daytime Phone #