2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078970

1. Entity Name

INTEGRATED QUALITY RESOURCES, INC.



FILED
Jan 08, 2003 8:00 am
Secretary of State
01-08-2003 90164 027 ***150.00

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e of Business BLVD FL 32903	\$	PO BC	X 33096				70001723		
Country 6. Name and Address of Current Re		3. Maili	3. Mailing Address				T (1571/1664 FIRE 1401/1 BITHAL BORIN ABINI BRIHA BOTAN INDON KOTAN 1401/1 ADBAL BOTA ADDA		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
9		City 8	& State			4.	FEI Number 59-3276433 Applied For Not Applicable		
Country Zip				Country			Certificate of Status Desired Service		
6Name	and Address of Cu	rrent Registered	Registered Agent		مستناسب را		Name and Address of New Registered Agent		
			.		Name				
JAMES 1. ILLA BLVD						Street Address (P.O. Box Number is Not Acceptable)			
TIC FL 329	03								
				•	City		FL Zip Code		
		ent for the purpo	ose of changing its	registere	d office or regis	stered ag	gent, or both, in the State of Florida. I am familiar with, and accept		
Signature, typed	or printed name of registerer	d agent and title if appli	cable. (NOTI	E: Registered	I Agent signature requ	uired when re	reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
O. OFFICERS AND DIRECTORS				11.		AC	ODITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
348 RIO \	Parker, James T 348 Rio Villa BLVD			NAMI STRE	ET ADDRESS		☐ Change ☐ Addition		
11001211	10 12		☐ Delete	NAMI STRE	E Et address		☐ Change ☐ Addition		
		. ,	☐ Delete	NAMI STRE	ET ADDRESS		☐ Change ☐ Addition		
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			☐ Delete	NAM STRE CITY	ET ADDRESS -ST-ZIP		☐ Change ☐ Addition		
	BLVD 1 32903 ace of Busin #, etc. JAMES T. ILLA BLVD IIC FL 3290 named entitions of regist May 1, 200 PARKER, 348 RIO	Country Gountry Gountry Gountry Gountry Gountry Gountry Gountry Gountry Gountry JAMES T. FILLA BLVD FIC FL 32903 Finamed entity submits this statement on a registered agent. Signature, typed or printed name of registered agent. May 1, 2003 Fee will be \$55 to Payable to Florida Department of the printed Department	BLVD PO BC INDIAL US ace of Business 3. Maili #, etc. Suite Country Zip	BLVD PO BOX 33096 INDIALANTIC FL 32903 US ace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent JAMES T. ILLA BLVD ITC FL 32903 named entity submits this statement for the purpose of changing its ons of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOT) ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS D Delete Delete Delete Delete	BLVD PO BOX 33096 INDIALANTIC FL 32903 US ace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. Country Zip Count Country Zip Count Country Zip Count G. Name and Address of Current Registered Agent JAMES T. ALLA BLVD TIC FL 32903 Inamed entity submits this statement for the purpose of changing its registered ons of registered agent. ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS D Delete TILE NAMES T. All A BLVD INDIALANTIC FL Delete TILE NAMES T. TILE TILE TILE NAMES T. TILE NAMES T. TILE TI	BLVD IL 32903 BINDIALANTIC FL 32903 BINDIALA BLVD BICH FL 32903 City City Country City Country City Country City Country City Country City Country INDIALA BLVD City City City City City City City Country INDIALA BLVD City City	BLVD FL 32903 INDIALANTIC FL 32903 US ace of Business 3. Mailing Address #, etc. Country Zip Country Zip Country 5. G. Name and Address of Current Registered Agent Name JAMES T. RILLA BLVD INC FL 32903 City named entity submits this statement for the purpose of changing its registered office or registered agency of r		

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/02/03

321-779-8017

Daytime Phone

CR2F034 /10/(