

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90002 009 ***150.00

DOCUMENT # P95000006763

1. Entity Name
INTEGRITY FIRST, INC.

Principal Place of Business

1700 S. SAN PABLO RD
 STE 914
 JACKSONVILLE FL 32224

Mailing Address

1700 S. SAN PABLO RD
 STE 914
 JACKSONVILLE FL 32224

2. Principal Place of Business

1180 Perregrine Cir. W.

3. Mailing Address

1180 Perregrine Cir. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FLA

City & State
Jacksonville, FLA

4. FEI Number
59-3294155

Applied For
 Not Applicable

Zip
32259

Country
ST-Johns

Zip
32259

Country
ST-Johns

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

ANSELL, JAMES C
1700 S. SAN PABLO RD. # 914
JACKSONVILLE FL 32224

Name
Ansell, James C.

Street Address (P.O. Box Number is Not Acceptable)
1180 Perregrine Cir. W.

City **Jacksonville** **FL** Zip Code **32259**

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 _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ANSELL, JAMES C**
 CITY-ST-ZIP **1700 S. SAN PABLO RD. # 914**
JACKSONVILLE FL 32224

TITLE ☐ Change ☐ Addition
 NAME **Ansell, James C.**
 STREET ADDRESS **1180 Perregrine Cir. W.**
 CITY-ST-ZIP **Jacksonville, FL 32259** **New Address only**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 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: **SIGNATURE REQUIRED James Ansell**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/31/02** Daytime Phone # **904-287-9938**

CR2E034 (9/01)