

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90047 016 ***550.00

DOCUMENT # P95000015941

1. Entity Name
AUDIT INTEGRATIONS, INC.

Principal Place of Business
2934 NEEDHAM COURT
DELRAY BEACH FL 33445

Mailing Address
2934 NEEDHAM COURT
DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

3720 S Ocean Beach

3720 S Ocean Beach

Suite, Apt. #, etc.

Suite, Apt. #, etc.

304

304

City & State

City & State

Highland Beach

Highland Beach

Zip

Country

Zip

Country

33467

PB

33487

PB



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0570488**

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

SHOEMAKER, DANIEL
434 NEEDHAM COURT
DELRAY BEACH FL 33445

Name **Dan Shoemaker**
 Street Address (P.O. Box Number is Not Acceptable)
3720 South Ocean Beach - 304
 City **Highland Beach** **FL** Zip Code **33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Don Shoemaker** **8/12/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **SHOEMAKER, DANIEL D**
 CITY-ST-ZIP **807 CONGRESSIONAL WAY**
DEERFIELD BEACH FL 33442

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **OWEN, DAVID**
 CITY-ST-ZIP **4860 LAKE GROVE RD**
PETOSKEY MI 49770

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Don Shoemaker** **8/12/02** **60-529-6710**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)