2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 10, 2001 8:00 am DOCUMENT # P96000010925 Secretary of State 1. Entity Name INTEGRITY BUILDING CONTRACTORS, INC. 01-10-2001 90008 042 ***158.75 Mailing Address Principal Place of Business 123 DARK PALM DRIVE 123 DARK PALM DRIVE LAKE PARK FL 33403 LAKE PARK FL 33403 Principal Place of Business 123 Da He Ha 3. Mailing Address 123 Dat Palm Dive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number 65-0634896 City & State Florida Not Applicable Country A. \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PROVO, ANTHONY W 123 DATL PALM DRIVE LAKE PARK FL 33403 Park 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President PTDM ☐ Delete TITLE TITLE rovo, Anthony PROVO, ANTHONY W NAME NAME DAJE Pulm DIVE update STREET ADDRESS STREET ADDRESS 123 DATE PALM DRIVE CITY-ST-ZIP PORK, FI CITY-ST-ZIP WEST PALM BEACH FL 33403 Parider Addition ☐ Delete TITLE VO, YVONNE NAME CHONS BELTON, YVONNE NAME NAME STREET ADDRESS Address update STREET ADDRESS 123 DATE PALM DRIVE CITY-ST-7IP CITY-ST-7IP WEST PALM BEACH FL 33403 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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