

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033010

1. Entity Name

INTEGRITY AUTOWORKS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90370 010 ***150.00

550741



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7153 SOUTHERN BLVD
BOX J
WEST PALM BEACH FL 33413

Mailing Address
7153 SOUTHERN BLVD
BOX J
WEST PALM BEACH FL 33413

2. Principal Place of Business
767 N. MILITARY TRAIL
Suite, Apt. #, etc.
WEST PALM BEACH
City & State
FLORIDA

3. Mailing Address
767 N. MILITARY TRAIL
Suite, Apt. #, etc.
WEST PALM BEACH
City & State
FLORIDA

Zip 33415 Country PALM BEACH
Zip 33415 Country PALM BEACH

4. FEI Number 65-0661417
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEITA, ANDREW
143 ALCAZAR ST
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent
Name CALVIN PRICE
Street Address (P.O. Box Number is Not Acceptable)
340 W 23RD ST
City RIVIERA BEACH FL Zip Code 33404

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 *Calvin Price* 5/1/01
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, 2001 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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, CALVIN		NAME		
STREET ADDRESS	340 W 23RD ST		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH FL 33404		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEITA, ANDREW		NAME		
STREET ADDRESS	143 ALCAZAR ST		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BCH FL 33411		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLINSON, DESMOND		NAME		
STREET ADDRESS	3060 SW SUNSET TRACE		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Calvin Price* 5/1/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)