

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016842

1. Entity Name

INTEGRITY MORTGAGE GROUP, INC.

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90077 045 ***150.00

Principal Place of Business

Mailing Address

4370 S. TAMiami TRAIL
103
SARASOTA FL 34231
US

4370 S TAMIAM TR.
103
SARASOTA FL 34231-3497
US

2. Principal Place of Business

3. Mailing Address

4370 Sth. Tamiami TRL.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 103

City & State

City & State

Sarasota FL

Zip

Country

Zip

Country

34231

Sarasota

4. FEI Number 65-0733087

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

THURBER, JASON B
4370 SO. TAMiami TRAIL
#103
SARASOTA FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	THURBER, JASON B	
STREET ADDRESS	8809 VAMO ROAD	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 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

Date

Daytime Phone #