

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018999

1. Entity Name

INTEGRITY INVESTIGATIONS AND SECURITY, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90090 002 ***150.00

Principal Place of Business

6905 SW 85TH PLACE
 OCALA FL 34476
 US

Mailing Address

P.O. BOX 770086
 OCALA FL 34477-0086
 US

2. Principal Place of Business

1516 SW 12TH ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

4. FEI Number

65-0749295

Applied For

Not Applicable

Zip

Country

34474

US

Zip

Country

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

JUARISTIC, GEORGE
 6905 SW 85TH PLACE
 OCALA FL 34476

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 VS
 NAME JUARISTIC, GEORGE
 STREET ADDRESS P.O. BOX 770086 N/A
 CITY-ST-ZIP OCALA FL 34477 ☐ Delete

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

TITLE PDT
 NAME JUARISTIC, ANGELA
 STREET ADDRESS P.O. BOX 770086 N/A
 CITY-ST-ZIP OCALA FL 34477 ☐ Delete

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

George Juaristic GEORGE JUARISTIC
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
 Date

352-877-3436
 Daytime Phone #

CR2E034 (9/99)