

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000018999****1. Entity Name**  
**INTEGRITY INVESTIGATIONS AND SECURITY, INC.****FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91010 027 \*\*\*150.00

**Principal Place of Business**1516 SW 12TH ST.  
OCALA FL 34474  
US**Mailing Address**P.O. BOX 770086  
OCALA FL 34477-0086  
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number** 65-0749295

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**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, 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 VS  
NAME JUARISTIC, GEORGE  
STREET ADDRESS P.O. BOX 770086 N/A  
CITY-ST-ZIP Ocala FL 34477 ☐ DeleteTITLE PDT  
NAME JUARISTIC, ANGELA  
STREET ADDRESS P.O. BOX 770086 N/A  
CITY-ST-ZIP Ocala FL 34477 ☐ DeleteTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE JUARISTIC

Date

4/26/01

Daytime Phone #

352-253-4414

CR2E034 (10/00)