

05-05-2003 91893 010 ***150.00

1. Entity Name
INTEGRATED INVESTMENTS HOLDING, INC.



Mailing Address
5515 HOLLOW OAK RD
ORLANDO, FL 32808

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

59-3442847

Not Applicable

☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of authorized agent and title if applicable

(NOTE: Re-use of this form is prohibited. Please use a new form for each report.)

4/28/03
DATE

FILE NOW!! FEE IS \$160.00
After May 1, 2003 Fee will be \$500.00
Make Check Payable to Florida Department of State
Patricia A. Gentry, Secretary of State
1000 North West 17th Avenue
Tallahassee, Florida 32304-3000
904.488.2000

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

FILE	PCED	<input type="checkbox"/> Delete
NAME	OTU, ITU A	
STREET ADDRESS	3602 RANCHWOOD RD	
CITY-ST-ZIP	ORLANDO, FL 32808	

TITLE	DST	<input type="checkbox"/> Delete
NAME	OTU, TAMEKA A	
STREET ADDRESS	3602 RANCHWOOD RD	
CITY-ST-ZIP	ORLANDO, FL 32808	

TITLE	D	<input type="checkbox"/> Delete
NAME	OTU, ETIM I	
STREET ADDRESS	3602 RANCHWOOD ROAD	
CITY-ST-ZIP	ORLANDO, FL 32808	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 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

ITU OTU 4/28/03 407 828 4992

Q

Daytime Phone:

CA2E034 (10/02)