

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076146

1. Entity Name

INTEGRA COMPUTER SYSTEMS, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90068 030 \*\*\*150.00

Principal Place of Business

Mailing Address

1107 NW 81 TERRACE  
PLANTATION FL 33322

1107 NW 81 TERRACE  
PLANTATION FL 33429-4436

2. Principal Place of Business

3. Mailing Address

1241 Lakepointe Ln  
Suite, Apt. #, etc.

PO Box 294436  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Plantation, FL  
Zip  
33322

City & State  
BOCA RATON, FL  
Zip  
33429

4. FEI Number 65-0778197

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

ASHMAN, ORI  
10632 WEST SAMPLE ROAD  
CORAL SPRINGS FL 33065

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	PTD	<input type="checkbox"/> Delete
NAME	ASHMAN, ORI	
STREET ADDRESS	1107 NW 81 TERRACE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	ASHMAN, PATRICIA L	
STREET ADDRESS	1107 NW 81 TERRACE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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

*SIGNATURE REQUIRED ASHMAN*

Date

Daytime Phone #

2/9/00

954-234-4246

CR2E034 (9/99)