

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90177 031 \*\*\*158.75

**DOCUMENT # P98000011046**

1. Entity Name

INTEGRAGROUP INTERNATIONAL, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2101 ATLANTIC STREET

3. Mailing Address  
2101 ATLANTIC STREET

Suite, Apt. #, etc.  
#523

Suite, Apt. #, etc.  
#523

City & State  
MELBOURNE BEACH FL

City & State  
MELBOURNE BEACH FL

4. FEI Number  
59-3486273

Applied For  
Not Applicable

Zip  
32951-2465

Country

Zip  
32951-2465

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
CHRISTENSON, HARRY O III

Street Address (P.O. Box Number is Not Acceptable)  
2101 ATLANTIC STREET, #523

City  
MELBOURNE BEACH FL Zip Code  
32951-2465

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
PD CHRISTENSON, HARRY 2101 ATLANTIC STREET, 3523 MELBOURNE BEACH, FL 32951-2465		
VSD CHRISTENSON, KATHERINE 2101 ATLANTIC STREET, 3523 MELBOURNE BEACH, FL 32951-2465		

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Harry Christenson*

HARRY CHRISTENSON February 6, 2002

321-409-2551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)