2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000011769** Feb 26, 2000 8:00 am Secretary of State INTEGRITY SERVICES INC. GENERAL CONTRACTORS 02-26-2000 90026 002 ***150.00 Principal Place of Business Mailing Address 3204 PIN OAK CT 3204 PIN OAK CT PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-4494 LUU24U33 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0812255 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required R_Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACK, KENNETH R Street Address (P.O. Box Number is Not Acceptable) 3204 PIN OAK CT PALM BEACH GARDENS FL 33410 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS VST TITLE ☐ Change ☐ Addition TITLE ☐ Delete MACK, KENNETH R NAME NAME STREET ADDRESS STREET ADDRESS 3204 PIN OAK CT CITY-ST-ZIP CITY-ST-7IP PALM BEACH GARDENS FL 33410 Change PRESIDEM ☐ Addition ☐ Delete TITLE MACK, ANDAZW MACK, ANDREW P NAME y mc Kinley St. STREET ADDRESS 2414 MCKINLEY ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP ☐ Addition Delete Change TITLE MACK, RITA C NAME NAME 3204 PIN OAK CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP-☐ Addition Change ☐ Delete TITLE THE MACK, ALAN T NAME NAME STREET ADDRESS 142 VALENCIA ST STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

TITLE

NAME

TITLE

NAME

ROYAL PALM BEACH FL 33411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2000

561-551-4564 Daytime Phone #

Change

Change

Addition

☐ Addition