

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011769

1. Entity Name
INTEGRITY SERVICES INC. GENERAL CONTRACTORS

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90020 023 ***150.00

Principal Place of Business
**3204 PIN OAK CT
PALM BEACH GARDENS FL 33410
US**

Mailing Address
**3204 PIN OAK CT
PALM BEACH GARDENS FL 33410
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3204 PIN OAK CT.

3. Mailing Address
3204 PIN OAK CT.

Suite, Apt. #, etc.
Palm Beach Gardens

Suite, Apt. #, etc.
Palm Beach Gardens

City & State
Palm Beach Gardens

City & State
Palm Beach Gardens

Zip
33410

Country
USA

Zip
33410

Country
USA

4. FEI Number **65-0812255**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MACK, KENNETH R
3204 PIN OAK CT
PALM BEACH GARDENS FL 33410**

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.

SIGNATURE **Kenneth R. Mack** DATE **4/16/01**

(NOTE: Registered Agent signature required when reinstating)

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	VST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACK, KENNETH R		NAME		
STREET ADDRESS	3204 PIN OAK CT		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACK, ANDREW P		NAME		
STREET ADDRESS	2414 MCKINLEY ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACK, ALAN T		NAME		
STREET ADDRESS	142 VALENCIA ST		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Kenneth R. Mack V.P. SECRETARY** DATE **4/16/01** DAYTIME PHONE # **561-662-8085**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)