FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2002 8:00 am Secretary of State P98000011769 DOCUMENT # 1. Entity Name 04-03-2002 90028 022 ***150.00 INTEGRITY SERVICES INC. GENERAL CONTRACTORS Principal Place of Business Mailing Address 3204 PIN OAK CT 3204 PIN OAK CT PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 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 Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACK, KENNETH R Box Number is Not Acceptable) 3204 PIN OAK CT PALM BEACH GARDENS FL 33410 Zip Code 33020 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. (PRESIDENT) (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 114 12. CR2E034 (9/01) VST ☐ Delete TITLE ☐ Addition TITLE KEHHETK MACK. KENNETH R NAME NAME 3204 PIN OAK CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE MACK, ANDREW P NAME STREET ADDRESS 2414 MCKINLEY ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME MACK, ALAN T STREET ADDRESS STREET ADDRESS 142 VALENCIA ST CITY-ST-ZIP **ROYAL PALM BEACH FL 33411** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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

SIGNATURE:

changed, or on an attachment with an address