

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90185 018 \*\*\*150.00

**DOCUMENT # P98000011769**  
1. Entity Name  
**INTEGRITY SERVICES INC. GENERAL CONTRACTORS**



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**

2. Principal Place of Business  
**4631 10TH AVENUE NORTH**

3. Mailing Address  
**4631 10TH AVENUE NORTH**

Suite, Apt. #, etc.

City & State  
**LAKE WORTH, FL**

City & State  
**LAKE WORTH, FL**

Zip  
**33463**

Country  
**U.S.**

Zip  
**33463**

Country  
**U.S.**



☒ CHECK HERE IF MAKING CHANGES

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, ANDREW P  
2414 MCKINLEY STREET  
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name  
**ANDREW P. MACK**

Street Address (P.O. Box Number is Not Acceptable)  
**6138 NEWPORT VILLAGE WAY  
LAKE WORTH**

City  
**FL** Zip Code  
**33463**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ANDREW P. MACK**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-11-03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
**VT**

NAME  
**MACK, KENNETH R**

STREET ADDRESS  
**3204 PIN OAK COURT**

CITY-ST-ZIP  
**WEST PALM BEACH FL 33410**

☐ Delete

TITLE  
**P**

NAME  
**MACK, ANDREW P**

STREET ADDRESS  
**2414 MCKINLEY ST**

CITY-ST-ZIP  
**HOLLYWOOD FL 33020**

☐ Delete

TITLE  
**V**

NAME  
**MACK, ALAN T**

STREET ADDRESS  
**142 VALENCIA ST**

CITY-ST-ZIP  
**ROYAL PALM BEACH FL 33411**

☐ Delete

TITLE  
**SEC**

NAME  
**MACK, ERIK T**

STREET ADDRESS  
**142 VALENCIA STREET**

CITY-ST-ZIP  
**WEST PALM BEACH FL 33411**

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS  
**6138 NEWPORT VILLAGE WAY**

CITY-ST-ZIP  
**LAKE WORTH, FL 33463**

☒ Change ☐ Addition

TITLE

NAME  
**VICE PRES/SEC.**

STREET ADDRESS  
**ALAN MACK T.**

CITY-ST-ZIP

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANDREW MACK/PRES** **2-11-03** **561-649-8412**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #