

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034393

1. Entity Name
INTEGRATED HUMAN RESOURCES, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90025 036 ***150.00

Principal Place of Business
1495 SEA WAY
BODEGA BAY CA 94923

Mailing Address
P.O. BOX 1167
BODEGA BAY CA 94923-1167



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1060 W. SR 434
 Suite, Apt. #, etc.
140

3. Mailing Address
 Suite, Apt. #, etc.

City & State
LONGWOOD FL

City & State

Zip
32750 Country
USA

Zip Country

4. FEI Number **59-3506880**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEGLOMINE, ANTHONY III
800 N MAGNOLIA AVE
SUITE 1500
ORLANDO FL 32803

Name
MICHAEL J. GASDICH

Street Address (P.O. Box Number is Not Acceptable)
37 NORTH ORANGE AVENUE

SUITE 210

City
ORLANDO FL Zip Code
32801

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 **Michael J. Gasdich** DATE **4/16/01**

Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	DPS NELSON, E. DEAN 1495 SEA WAY BODEGA BAY CA 94923	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALERNO, RUSSELL 3861 N LAKE ORLANDO PARKWAY ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS NELSON, E. DEAN 2171 JBT ROAD OCCIDENTAL CA 95465-9257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **E. Dean Nelson** E. DEAN NELSON, PRESIDENT 4/4/01 (702) 874-2584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)