

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072025

1. Entity Name

INTEGRITY INDUSTRIES, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90053 029 ***150.00

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| Principal Place of Business 46 ST N #1110 PINELLAS PK FL 33781 | Mailing Address 2930 80TH STREET NORTH ST. PETERSBURG FL 33710-1102 |
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DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|--|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 6543 46 th ST. N. # 1110 PINEHILLS PARK, FL | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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| 4. FEI Number 59-3528071 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---|
| 6. Name and Address of Current Registered Agent LOVELACE, WILLIAM K 2310 WEST BAY DRIVE LARGO FL 33770 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|---|--|------|

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORSE, BARRY A 2930 80TH STREET NORTH ST. PETERSBURG FL 33710 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORSE, BARRY A. 4000 24 th Street N. # 1105 ST. Petersburg, Florida 33714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

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|----------------------------------|--|---------------|---------------------------------|
| SIGNATURE: <u>Barry A. Morse</u> | Signature and Typed or Printed Name of Signing Officer or Director | Date: 4-15-00 | Daytime Phone #: (727) 521-1194 |
|----------------------------------|--|---------------|---------------------------------|

CR2E034 (9/99)