2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000072025

1. Entity Name

INTEGRITY INDUSTRIES, INC.



FILED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90093 019 ***150.00

rincipal Place of Business 543 46 ST N #1110 PINELLAS PK FL 33781		Mailing Address 6543 46 ST N #1110 PINELLAS PK FL 33781			
. Principal Place of Busi	ness	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3528071 Applied For Not Applicab	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Nam	e and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent	
			Name		
LOVELACE, WILLIA	M K		Street Addre	ress (P.O. Box Number is Not Acceptable)	
2310 WEST BAY DI	RIVE				
LARGO FL 33770					
			City	FL Zip Code	
The above named ent the obligations of regi	ity submits this statement for t stered agent.	the purpose of changing it	s registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accep	
SIGNATURESignature, type	ed or printed name of registered agent an	d title if applicable. (NO	TE: Registered Agent signature re	required when reinstating) DATE	
After May 1, 20	!!! FEE IS \$150.00 003 Fee will be \$550.00 to Florida Department of \$	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TILE D		☐ Delete	TITLE	☐ Change ☐ Additi	
TREET ADDRESS 4000 24	BARRY A TH STREET N #1105 ETERSBURG FL 33714		NAME STREET ADDRESS CITY-ST-ZIP		
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NAME STREET ADDRESS			STREET ADDRESS	•	
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that	the information supplied with	this filing does not qualify true and accurate and tha	for the exemption stated try signature shall have	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information re the same legal effect as if made under oath; that I am an officer or director	

of the corporation or the received 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: