

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097182

1. Entity Name

INTEGRATED TECHNOLOGIES GROUP, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90070 013 \*\*\*150.00

Principal Place of Business

3317 NW 10 TERR. STE. 405  
OAKLAND PARK FL 33330

Mailing Address

~~108~~ 10B SE 1ST AVE  
DELRAY BEACH FL 33444-3608  
US

2. Principal Place of Business

10B SE 1st Ave

3. Mailing Address

10B SE 1st Ave

Suite, Apt. #, etc.

~~DELF~~ B

Suite, Apt. #, etc.

B

City & State

Delray Beach FL

City & State

Delray Beach, FL

Zip

33444-3608

Country

US

Zip

~~FE~~ 33444-3608

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0876501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUXO, JUDI L  
~~108 SE 1ST AVE~~ 10B SE 1ST AVE.  
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

Buxo, Judi L.

Street Address (P.O. Box Number is Not Acceptable)

10B SE 1st Ave

City

Delray Beach

FL

Zip Code

33444

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

*Judi L Buxo*

1/6/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HERPIN, DON  
CITY-ST-ZIP 108 SE 1ST AVE  
DELRAY BEACH FL 33444

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BUXO, JUDI L  
CITY-ST-ZIP 3317 NW 10 TERR, STE. 405  
OAKLAND PARK FL 33330

TITLE ☐ Delete  
NAME P  
STREET ADDRESS HERPIN, MARIE  
CITY-ST-ZIP 108 SE 1ST AVE  
DELRAY BEACH FL 33444

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME DIRECTOR/Managing Dir  
STREET ADDRESS DON HERPIN  
CITY-ST-ZIP 108 SE 1ST AVE.  
DELRAY BEACH, FL. 33444

TITLE ☐ Change ☐ Addition  
NAME President, Secy  
STREET ADDRESS Buxo, Judi L  
CITY-ST-ZIP 108 SE 1ST AVE  
DELRAY BEACH, FL 33444

TITLE ☐ Change ☐ Addition  
NAME VICE President, Treas  
STREET ADDRESS HERPIN, Marie  
CITY-ST-ZIP 108 SE 1ST AVE  
DELRAY BEACH, FL 33444

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Judi L Buxo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000

Date

Daytime Phone #

CR2E034 (9/99)