

5/2/K

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

05-02-2001 90131 012 ***108.75

06-04-2001 90017 046 ****41.25

DOCUMENT # P98000097182

1. Entity Name

INTEGRATED TECHNOLOGIES GROUP, INC.

Principal Place of Business

Mailing Address

108 SE 1ST AVE
 B
 DELRAY BEACH FL 33444

108 SE 1ST AVE
 B
 DELRAY BEACH FL 33444
 US

2. Principal Place of Business

3. Mailing Address

540 East McNaub Road540 East McNaub Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D.Suite D.

City & State

City & State

Pompano Beach FLPompano Beach FL

Zip

Country

Zip

Country

33060U.S.330604. 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

7. Name and Address of New Registered Agent

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

Name

C. Anthony Rumore

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

540 E. McNaub Road

City

Pompano Beach

FL

Zip Code

33060

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

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

(NOTE: Registered Agent signature required when reinstating)

5/31/01

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, 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	<u>D, P</u>	<input type="checkbox"/> Delete
NAME	<u>HERPIN, DON</u>	
STREET ADDRESS	<u>10 B SE 1ST AVE</u>	
CITY-ST-ZIP	<u>DELRAY BEACH FL 33444</u>	
TITLE	<u>PS</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>BUXO, JUDI L</u>	
STREET ADDRESS	<u>10 B SE 1ST AVE</u>	
CITY-ST-ZIP	<u>OAKLAND PARK FL 33330</u>	
TITLE	<u>VPT</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>HERPIN, MARIE</u>	
STREET ADDRESS	<u>10 B SE ST AVE</u>	
CITY-ST-ZIP	<u>DELRAY BEACH FL 33444</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 807, 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: Don Herpin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 2001 1-561-482-7190

Date

Daytime Phone #

CR2E034 (10/00)