

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000107350**1. Entity Name  
INTEGRATION ONE, INC.

Principal Place of Business 9710 DUNSCROFT LANE  TAMPA FL 33626	Mailing Address 9710 DUNSCROFT LANE  TAMPA FL 33626
--	--

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**59-3549978**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUECORAL GABLES  
33134 US

FL

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \_\_\_\_\_ 04/09/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MARRERO VICTOR	
STREET ADDRESS	9710 DUNSCROFT LANE	
CITY-ST-ZIP	TAMPA FL 33626	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON DONALD	
STREET ADDRESS	9710 DUNSCROFT LANE	
CITY-ST-ZIP	TAMPA FL 33626	

TITLE	P	<input type="checkbox"/> Delete
NAME	TENNANT MARK	
STREET ADDRESS	9710 DUNSCROFT LANE	
CITY-ST-ZIP	TAMPA FL 33626	

TITLE	SD	<input type="checkbox"/> Delete
NAME	BECKWITH MATTHEW	
STREET ADDRESS	9710 DUNSCROFT LANE	
CITY-ST-ZIP	TAMPA FL 33626	

TITLE	CEOT	<input type="checkbox"/> Delete
NAME	BECKWITH MATTHEW	
STREET ADDRESS	9710 DUNSCROFT LANE	
CITY-ST-ZIP	TAMPA FL 33626	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRERO VICTOR	
STREET ADDRESS	9710 DUNSCROFT LANE	
CITY-ST-ZIP	TAMPA FL 33626	

TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKWITH MATTHEW	
STREET ADDRESS	9710 DUNSCROFT LANE	
CITY-ST-ZIP	TAMPA FL 33626	

TITLE	CEOP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKWITH JULI	
STREET ADDRESS	9710 DUNSCROFT LANE	
CITY-ST-ZIP	TAMPA FL 33626	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Matt Beckwith

SDT 04/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)