

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033991

1. Entity Name

INTEGRITY AMERICAN MARKETING, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90164 023 ***150.00

Principal Place of Business Mailing Address
11406 NORTH DALE MABRY HIGHWAY 11406 NORTH DALE MABRY HIGHWAY
SUITE G SUITE G
TAMPA FL 33618 TAMPA FL 33618-3879

2. Principal Place of Business 3. Mailing Address
8048 Old CR 54 Same
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
New Port Richey FL
Zip Country Zip Country
34653 U.S.

4. FEI Number Applied For
59-3569284 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
SPIEGEL & UTRERA, P.A. Name
343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACE, WILLIAM H JR.		NAME	Deanna Bryson	
STREET ADDRESS	11406 NORTH DALE MABRY HIGHWAY		STREET ADDRESS	8048 Old CR 54	
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP	New Port Richey FL-34653	
TITLE	SVD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUBRICK, ROBERT J		NAME		
STREET ADDRESS	11406 NORTH DALE MABRY HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Deanna Bryson - Vice-President 4-25-00 727 372 4619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #