## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 11, 2000 8:00 am Secretary of State DOCUMENT # P99000084512 INTEGRITY PAINT & FINISHES, INCORPORATED 04-11-2000 90035 020 \*\*\*150.00 Principal Place of Business Mailing Address 8729 BOYSENBERRY DRIVE 8729 BOYSENBERRY DRIVE TAMPA FL 33635-6237 U U,U.U. 1. U U X **TAMPA FL 33635** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-09 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUFFLEY, SHERRI LYNN Street Address (P.O. Box Number is Not Acceptable) 8729 BOYSENBERRY DRIVE TAMPA FL 33635 Zip Code City submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The abov€ SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME MUFFLEY, LANCE STREET ADDRESS 8729 BOYSENBERRY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33635** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME R OR DIRECTOR

13. I hereby certify that the information supplied with this filling 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

ered.

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SIGNATURE: