

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103168

1. Entity Name

FIRST INTEGRITY INSURANCE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90225 012 ***150.00

Principal Place of Business

2860 CESSNA WAY
WELLINGTON FL 33414

Mailing Address

2860 CESSNA WAY
WELLINGTON FL 33414

2. Principal Place of Business

450 So. Military Trail

3. Mailing Address

450 So. Military Trail

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

Suite F

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

Country

33415

Palm Beach

Zip

Country

33415

Palm Beach

6. Name and Address of Current Registered Agent

BARKER, LEX L

2860 CESSNA WAY

WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

Adrien J. Missinne

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

12932 Meadowbreeze Drive

City

Wellington,

FL

Zip Code

33414

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 Adrien J. Missinne, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-00

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	President	<input type="checkbox"/> Delete
NAME	Lex L. Barker II	
STREET ADDRESS	2860 Cessna Way	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Adrien J. Missinne	
STREET ADDRESS	12932 Meadowbreeze Drive	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lex L. Barker II	
STREET ADDRESS	2860 Cessna Way	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adrien J. Missinne	
STREET ADDRESS	12932 Meadowbreeze Drive	
CITY-ST-ZIP	Wellington, FL 33414	
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		<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: Adrien J. Missinne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-00 516-683-0711

CR2E034 (9/99)