

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90020 012 ***150.00

DOCUMENT # S61413

1. Entity Name
INTEGRITY MANAGEMENT, INC.

Principal Place of Business
4219 ORIOLE AVE
WILBUR BY THE SEA FL 32127

Mailing Address
847 MARLEY DR
PORT ORANGE FL 32124
US

2. Principal Place of Business

3. Mailing Address
6068 SABAL CREEK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Port Orange, Florida

4. FEI Number **59-3072271**

Applied For
 Not Applicable

Zip Country

Zip
32128

Country
US

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

ZAWISZA, JOHN
4219 ORIOLE AVE
WILBUR BY THE SEA FL 32127

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **PS** ☐ Delete
 NAME **ZAWISZA, JOHN B.**
 STREET ADDRESS **847 MARLEY DR**
 CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE ☒ Change ☐ Addition
 NAME **6068 SABAL CREEK BLVD.**
 STREET ADDRESS **Port Orange, Florida 32128**
 CITY-ST-ZIP **Port Orange, Florida 32128**

TITLE **VPT.** ☐ Delete
 NAME **ZAWISZA**
 STREET ADDRESS **847 MARLEY DR**
 CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE ☒ Change ☐ Addition
 NAME **6068 SABAL CREEK BLVD**
 STREET ADDRESS **Port Orange, Florida 32128**
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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:

John B. Zawisza, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-02 386-761-6553

Date

Daytime Phone #

CR2E034 (9/01)