2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address 871 VENETIA BAY BLVD

VENICE FL 34292

3. Mailing Address

City & State

Suite, Apt. #, etc.

SUITE 370

US

V62775 **DOCUMENT #**

1. Entity Name

SUITE 370

US

VENICE FL 34292

Principal Place of Business

2. Principal Place of Business

871 VENETIA BAY BLVD.

Suite, Apt. #, etc.

City & State

Zip

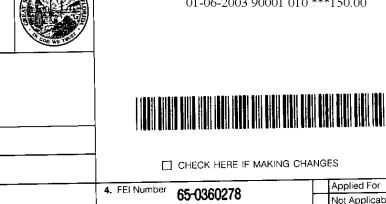
SIGNATURE

INTEGRITY INVESTMENTS, INC.



FILED Jan 06, 2003 8:00 am **Secretary of State**

01-06-2003 90001 010 ***150.00



5. Certificate of Status Desired

	7. Name and Addr	7. Name and Address of New Registered Agent		
6. Name and Address of Current Registered Ag	Name			
And the second s				
Granoski, James A	Street Address (P.O. Box Number is N	Street Address (P.O. Box Number is Not Acceptable)		
7735 HOLIDAY DRIVE				
SARAŠOTA FL 34231				
	City	FL Zip Code		
	are to provide the second	the State of Florida I am familiar with, and accept		

Country

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, the obligations of registered agent.	i am iamina	with, and accept
•		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. CR2E034 (10/02) ☐ Addition Change TITLE ☐ Delete TITLE LIRCIO RICHARD NAME CURCIO, RICHARD NAME 833 RIVIERA ST 340 SORRENTO RANCHES DR STREET ADDRESS STREET ADDRESS VENICE, FL 34285 CITY-ST-ZIP NOKOMIS FL 34275 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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

12. Thereby 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 regioney or visited employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if PRESIDENT changed, or on an attach

FEOR CHARD F. CHECID AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR