

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**  
 03-07-2001 90617 033 \*\*\*150.00

0137881

**DOCUMENT # 830746**  
 1. Entity Name  
**INVENTORY CONTROL SYSTEM CORP.**

Principal Place of Business <b>475 RAMBLEWOOD DR          SUITE 203          CORAL SPRINGS FL 33071          US</b>	Mailing Address <b>475 RAMBLEWOOD DR          SUITE 203          CORAL SPRINGS FL 33071          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>22-1656690</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**BENNETT, DONOVAN  
 1530 NW 128TH DRIVE #203  
 SUNRISE FL 33323**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P ONOTARO, FREDERICK C STREET ADDRESS 1316 33RD ST NW CITY-ST-ZIP WASHINGTON DC 20007	<input type="checkbox"/> Delete	TITLE NAME President Onorato, Frederick C STREET ADDRESS 10463 Fair Oaks Road CITY-ST-ZIP Columbia, MD 21004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP ONORATO, CHERYL A STREET ADDRESS 1316 33RD ST NW CITY-ST-ZIP WASHINGTON DC 20007	<input type="checkbox"/> Delete	TITLE NAME Vice President Onorato, Cheryl A STREET ADDRESS 10463 Fair Oaks Road CITY-ST-ZIP Columbia, MD 21044	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T BENNETT, DONDUAN STREET ADDRESS 1530 NW 128TH DRIVE #203 CITY-ST-ZIP SUNRISE FL 33323	<input type="checkbox"/> Delete	TITLE NAME Treasurer Donovan Bennett STREET ADDRESS 1530 N.W. 128th Drive, #203 CITY-ST-ZIP Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Donovan Bennett **Donovan Bennett** 1-24-01 (954)344-9964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)