

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90085 043 ***150.00

DOCUMENT # 830746

1. Entity Name

INVENTORY CONTROL SYSTEM CORP.

Principal Place of Business

**475 RAMBLEWOOD DR
 SUITE 203
 CORAL SPRINGS FL 33071
 US**

Mailing Address

**475 RAMBLEWOOD DR
 SUITE 203
 CORAL SPRINGS FL 33071
 US**

2. Principal Place of Business

6047 Kimberly Blvd.

3. Mailing Address

6047 Kimberly Blvd.

Suite, Apt. #, etc.

Suite G

Suite, Apt. #, etc.

Suite G

City & State

North Lauderdale, FL

City & State

North Lauderdale, FL

Zip

33068

Country

US

Zip

33068

Country

US

4. FEI Number

22-1656690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

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

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

TITLE **P** ☐ Delete
 NAME **ONOTARO, FREDERICK C**
 STREET ADDRESS **10463 FAIR OAKS ROAD**
 CITY-ST-ZIP **COLUMBIA MD 21004**

TITLE **VP** ☐ Delete
 NAME **ONORATO, CHERYL A**
 STREET ADDRESS **10463 FAIR OAKS RD.**
 CITY-ST-ZIP **COLUMBIA MD 21004**

TITLE **T** ☐ Delete
 NAME **BENNETT, DONOVAN**
 STREET ADDRESS **1530 N.W. 128TH DRIVE, #203**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

DONOVAN BENNETT 1-19-02 954-969-8825
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)