

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90881 038 ***158.75

DOCUMENT #

F90800

1. Entity Name

INTEGRATED DESIGN OF CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3434 BEECH TRAIL

Suite, Apt. #, etc.

3. Mailing Address

3434 BEECH TRAIL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-2203868

Applied For

Not Applicable

Zip

33761

Country

U.S.A.

Zip

33761

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WALTER WISEMAN

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

3434 BEECH TRAIL

City

CLEARWATER

FL

Zip Code

33761

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

P/D

WALTER WISEMAN

3434 BEECH TRAIL

CLEARWATER FL 33761

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPD

CANDACE J. WISEMAN

3434 BEECH TRAIL

CLEARWATER FL 33761

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)