

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90293 042 ***150.00

DOCUMENT # P00000096888

1. Entity Name
FLORIDA ICF SYSTEMS, INC.

Principal Place of Business Mailing Address
~~11920 SOUTHWEST PARSON BROWN COURT~~ ~~11920 SOUTHWEST PARSON BROWN COURT~~
~~PALM CITY FL 34990~~ ~~PALM CITY FL 34990~~

2. Principal Place of Business 3. Mailing Address
450 S. OLD Dixie Hwy **P.O. BOX 2579**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #10

City & State City & State
Jupiter, Fl. 33458 **Jupiter, Fl.**
³³⁴⁵⁸ ³³⁴⁶⁸⁻²⁵⁷⁹
PALM BEACH **PALM BEACH**

4. FEI Number Applied For
65-1047049 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6- Name and Address of Current Registered Agent

7- Name and Address of New Registered Agent

CULVERHOUSE-CIAGLO, KATHERINE M
11920 SOUTHWEST PARSON BROWN COURT
PALM CITY FL 34990

Name
 Street Address (P.O. Box Number is Not Acceptable)
450 S. OLD Dixie Hwy Suite #10
Jupiter, FLORIDA 33458 FL Zip Code: **33458**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	CIAGLO, DENNIS M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	11920 SOUTHWEST PARSON BROWN COURT		450 S. OLD Dixie Hwy Suite #10
CITY-ST-ZIP	PALM CITY FL 34990		Jupiter, FLORIDA 33458
STD	CULVERHOUSE-CIAGLO, KATHERINE M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	11920 SOUTHWEST PARSON BROWN COURT		450 S. OLD Dixie Hwy Suite #10
CITY-ST-ZIP	PALM CITY FL 34990		Jupiter, FLORIDA 33458
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<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: **Katherine M. Culverhouse**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 **772 748-0843**
 Date Daytime Phone #

CR2E034 (9/01)