

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90064 017 \*\*\*150.00

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**DOCUMENT # P00000096888**

1. Entity Name  
**FLORIDA ICF SYSTEMS, INC.**



Principal Place of Business  
**450 S OLD DIXIE HWY  
SUITE # 10  
JUPITER FL 33458**

Mailing Address  
**P.O. BOX 2579  
JUPITER FL 33468-2579**



2. Principal Place of Business  
**763 ALT AIA 2ND FLOOR**

3. Mailing Address

Suite, Apt. #, etc.  
**2ND FLOOR**

Suite, Apt. #, etc.

City & State  
**JUPITER, FLORIDA**

City & State

Zip  
**33477**

Country  
**Palm-Beach**

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-1047049**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CULVERHOUSE-CIAGLO, KATHERINE M  
450 S OLD DIXIE HWY  
SUITE 10  
JUPITER FL 33458**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/7/03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CIAGLO, DENNIS M 450 S OLD DIXIE HWY STE # 10 JUPITER FL 33458</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD CULVERHOUSE-CIAGLO, KATHERINE M 450 S OLD DIXIE HWY STE # 10 JUPITER FL 33458</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **1/7/03** 561-748-0843

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

CR2E034 (10/02)