

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90162 017 ***150.00

05/18/2001

DOCUMENT # P96000000563

1. Entity Name

INTERNATIONAL CONTAINER SYSTEMS, INC.

Principal Place of Business

Mailing Address

5401 WEST KENNEDY BLVD., STE 760
 TAMPA FL 33609

2000 S. BELTLINE BOULEVARD
 ATTN S. WORTH
 COLUMBIA SC 29201
 US

2. Principal Place of Business

3647 Cortez Road West

3. Mailing Address

300 South Orange Avenue

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 1000, Attn: Greg Humphries

City & State

Bradenton, Florida

City & State

Orlando, Florida



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3360203

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2001 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

TITLE: Delete
 NAME: **VD JONES, LLOYD W**
 STREET ADDRESS: **5401 WEST KENNEDY BLVD., SUITE 760**
 CITY-ST-ZIP: **TAMPA FL 33609**

TITLE: Change Addition
 NAME: **VP FINANCE CLAUDE LABEL**
 STREET ADDRESS: **110E MONTEE DE LIESSE**
 CITY-ST-ZIP: **ST. LAURENT, QUEBEC CANADA H4T1N4**

TITLE: Delete
 NAME: **PD ROGERS, KEN**
 STREET ADDRESS: **5401 WEST KENNEDY BLVD., STE 760**
 CITY-ST-ZIP: **TAMPA FL 33609**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **V BRUNO, ANTHONY**
 STREET ADDRESS: **5401 WEST KENNEDY BLVD., STE 760**
 CITY-ST-ZIP: **TAMPA FL 33609**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **V MORRIS, DAVID W**
 STREET ADDRESS: **5401 WEST KENNEDY BLVD., STE 760**
 CITY-ST-ZIP: **TAMPA FL 33609**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **AS WORTH, STEPHANIE F**
 STREET ADDRESS: **2000 S. BELTLINE BLVD**
 CITY-ST-ZIP: **COLUMBIA SC 29201**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **S HILDRETH, BURGESS H**
 STREET ADDRESS: **3647 CORTEZ ROAD WEST., STE 102**
 CITY-ST-ZIP: **BRADENTON FL 34210-3106**

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: *Stephanie Worth* **F. STEPHANIE WORTH**

1/23/01
 Date

803-376-5532
 Daytime Phone #

CR2E034 (10/00)