

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 264971

1. Entity Name

INLAND INDUSTRIAL CONTRACTORS, INCORPORATED

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90330 010 ***150.00

Principal Place of Business

1238 AIRPORT DRIVE
TALLAHASSEE FL 32304

Mailing Address

1238 AIRPORT DRIVE
TALLAHASSEE FLA 32304-4705

2. Principal Place of Business

2101 Maryland Circle

3. Mailing Address

2101 Maryland Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number 59-0994418

Applied For

Not Applicable

Zip
32303

Country
USA

Zip
32303

Country
USA

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

YEARY, SCOTT
147 CATILLION CIR
TALLAHASSEE FL 32312

Name

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

2101 Maryland Circle
Tallahassee, FL 32303
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, 2000 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 P
NAME RABY, EDWARD L
STREET ADDRESS 5621 KANSAS AVE
CITY-ST-ZIP KANSAS CITY KS 66106 ☐ Delete

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

TITLE VT
NAME LANGERMAN, DUANE L
STREET ADDRESS 22306 WEST 52ND TERR
CITY-ST-ZIP SHAWNEE KS 66226 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)