

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

0351686  
AV

DOCUMENT # **377555**

1. Entity Name  
**INDIAN CREEK INDUSTRIES, INC.**



03-27-2003 90130 034 \*\*\*150.00

Principal Place of Business  
**4903 HOLLY DRIVE  
TAMARC FL 33319  
US**

Mailing Address  
**4903 HOLLY DRIVE  
TAMARAC FL 33319  
US**



2. Principal Place of Business  
*Same as above*

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1511817**

Applied For  
Not Applicable

Zip Country Zip Country

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

**ROTHKOPF, BERT  
4903 HOLLY DRIVE  
TAMARAC FL 33319**

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 *Bert Rothkopf*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROTHKOPF, BERT</b>	
STREET ADDRESS	<b>4903 HOLLY DRIVE</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ROTHKOPF, CAROL</b>	
STREET ADDRESS	<b>4903 HOLLY DRIVE</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

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: *Bert Rothkopf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*BERT ROTHKOPF* 3/24/2003  
Date 9 APR 2003 7:22

CR2E034 (10/02)