

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-08-2001 90113 021 ***150.00

0613731

DOCUMENT # 481998

1. Entity Name
ICARDI & ICARDI, P.A.

Principal Place of Business
237 LOOKOUT PLACE
100
MAITLAND FL 32751
US

Mailing Address
P.O. BOX 1656
PO BOX 879
MAITLAND FL 32794-1656
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1656
 Suite, Apt. #, etc.

City & State
Maitland, Florida

Zip
32794-1656

Country
USA

4. FEI Number **59-1612800**

Applied For
 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

ICARDI, ALDO
237 LOOKOUT PLACE
SUITE 100
MAITLAND FL 32751

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.

SIGNATURE _____ (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	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ICARDI, ALDO		NAME		
STREET ADDRESS	1100 S. ORLANDO AVENUE, #408		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ICARDI, JEFFREY A.		NAME		
STREET ADDRESS	931 PACE AVE.		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **Jeffrey A. Icardi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-677-1859

CR2E034 (10/00)