

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90010 031 ***150.00

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
 MAITLAND FL 32794-1656
 US**

2. Principal Place of Business

549 Wymore Road, North

**Suite, Apt. #, etc.
 Suite 109**

**City & State
 Maitland, FL**

**Zip
 32751**

**Country
 USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1612800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

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 **ICARDI, JEFFREY A.**

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

549 Wymore Road, North, Suite 109

City **Maitland**

FL

Zip Code **32751**

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, 2002 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

TITLE **VPD** ☐ Delete
 NAME **ICARDI, ALDO**
 STREET ADDRESS **1100 S. ORLANDO AVENUE, #408**
 CITY-ST-ZIP **MAITLAND FL**

TITLE **PD** ☐ Delete
 NAME **ICARDI, JEFFREY A.**
 STREET ADDRESS **931 PACE AVE.**
 CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)