

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 544323

1. Entity Name
FLORIDA INVESTMENT AND CONSTRUCTION ASSOC. INC.

Principal Place of Business
324 SOUTH HYDE PARK AVENUE
SUITE 375
TAMPA FL 33606-2340

Mailing Address
324 SOUTH HYDE PARK AVENUE
SUITE 375
TAMPA FL 33606-2340

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90314 020 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	NOT APPLICABLE	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

LIFSEY, ESQUIRE, J. STANFORD
324 SOUTH HYDE PARK AVENUE
SUITE 375
TAMPA FL 33606-2340

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	P	TITLE	
NAME	LIFSEY, J. STANFORD	NAME	
STREET ADDRESS	324 SOUTH HYDE PARK AVENUE, SUITE 375	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606-2340	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	ROBERTS, STEVE	NAME	
STREET ADDRESS	324 S HYDE PARK AVE STE 375	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 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 5/23/01 Daytime Phone # _____

CR2E034 (10/00)