**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 18, 2001 8:00 am DOCUMENT # F0000002570 Secretary of State 1. Entity Name ICS BUILDERS, INC. 01-18-2001 90018 004 \*\*\*150.00 Principal Place of Business Mailing Address 980 N. FEDERAL HWY STE 410 980 N. FEDERAL HWY STE 410 **BOCA RATON FL 33432 BOCA RATON FL 33432** A0006247 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 22-2314015 Not Applicable Zip Country \_Country\_\_\_\_ Zip. \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MURPHY JR, T N Street Address (P.O. Box Number is Not Acceptable) 980 N. FEDERAL HWY, STE 410 **BOCA RATON FL 33432** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCGOWAN, MARTIN C NAME STREET ADDRESS STREET ADDRESS 3 VANDERBILT PLACE, #13 CITY-ST-ZIP CITY-ST-ZIP **NORTH ARLINGTON NJ** TITLE Delete TITLE ☐ Change Addition O'ROUKE JR. JOHN NAME NAME STREET ADDRESS STREET ADDRESS 700 SCHUYLER AVE., A-32 CITY-ST-ZIP KEARNY NJ CITY-ST-ZIP TITLE - 🗆 : Delete TITLE ☐ Change Addition NAME HERBERT, PATRICK J NAME STREET ADDRESS 915 COLE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRIELLE NJ** ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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.