

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90120 035 ***150.00

DOCUMENT # F43805

1. Entity Name

INSTITUTIONAL CONSTRUCTION/CONSTRUCTION MANAGEMENT, INC.



Principal Place of Business
C/O WILLIAM D. RUTHERFORD
2027 THOMASVILLE ROAD
TALLAHASSEE FL 32312

Mailing Address
C/O WILLIAM D. RUTHERFORD
2027 THOMASVILLE ROAD
TALLAHASSEE FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2652540

Applied For

Not Applicable

Zip

Country

Zip

Country

32308

32308

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

RUTHERFORD, WILLIAM D.
2027 THOMASVILLE ROAD
TALLAHASSEE FL 32312

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

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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUTHERFORD, WILLIAM D. 2027 THOMASVILLE RD TALLAHASSEE FL 32312 | <input type="checkbox"/> Delete |
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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:

WILLIAM D. RUTHERFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 2003
Date

850-345-6153
Daytime Phone #

CR2E034 (10/02)