

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90119 012 ***150.00

DOCUMENT # F93000005848



1. Entity Name
INDECO ENGINEERING & CONSTRUCTION, INC.

Principal Place of Business
630 RIVER DR.
BETTENDORF IA 52722

Mailing Address
630 RIVER DR.
BETTENDORF IA 52722

2. Principal Place of Business
3300 S.R. 555

3. Mailing Address
3300 S.R. 555

Suite, Apt. #, etc.
Bartow, FL

Suite, Apt. #, etc.
Bartow, FL

City & State

City & State

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **41-1420378**

Applied For
Not Applicable

Zip
33830

Country
USA

Zip
33830

Country
USA

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 *Michael C. Swanson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Delete**
NAME **SCHWARTZ, PAUL H**
STREET ADDRESS **707 - 48 STREET**
CITY-ST-ZIP **MOLINE IL**

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

TITLE **V** ☐ **Delete**
NAME **MCDONALD, WILLIAM**
STREET ADDRESS **3200 - 39 STREET**
CITY-ST-ZIP **MOLINE IL**

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

TITLE **S** ☐ **Delete**
NAME **SWANSON, MICHAEL C**
STREET ADDRESS **66506 CSAH 11**
CITY-ST-ZIP **LITCHFIELD MN 55355**

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

TITLE **T** ☐ **Delete**
NAME **RUECKERT, BENITA R**
STREET ADDRESS **59809 CSAH 11**
CITY-ST-ZIP **LITCHFIELD MN 55355**

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

TITLE **D** ☐ **Delete**
NAME **MICHELS, JOSEPH H**
STREET ADDRESS **1240 S. SIBLEY**
CITY-ST-ZIP **LITCHFIELD MN 55355**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Michael C. Swanson* **3/21/03** **320 693 4208**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)