

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # F94000004018**1. Entity Name
IMPROVED CONSTRUCTION METHODS, INC.

Principal Place of Business

226 N. BAILEY STREET
PO BOX 5798
JACKSONVILLE
72078

AR

Mailing Address

226 N. BAILEY STREET
PO BOX 5798
JACKSONVILLE
72078

AR

2. Principal Place of Business

1040 N REDMOND RD

3. Mailing Address

P.O. BOX 5798

Suite, Apt. #, etc.
PO BOX 5798

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE

AR

City & State
JACKSONVILLE

AR

Zip
72078

Country

Zip
72078

Country

4. FEI Number

71-0414317

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

7. Name and Address of New Registered Agent

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 _____ 08/23/2001

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, 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

TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	WILSON PAT	
STREET ADDRESS	1202 W. MAIN	
CITY-ST-ZIP	JACKSONVILLE AR 72076	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	GILLERT RONALD G	
STREET ADDRESS	1117 E MARYLAND	
CITY-ST-ZIP	SHERWOOD AR 72120	
TITLE	PC	<input type="checkbox"/> Delete
NAME	MCFADDEN BRUCE	
STREET ADDRESS	4527 VALLEY BROOK DRIVE	
CITY-ST-ZIP	NORTH LITTLE ROCK AR 72116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLERT RONALD G	
STREET ADDRESS	4007 GLENMERE	
CITY-ST-ZIP	NORTH LITTLE ROCK AR 72116	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFADDEN BRUCE	
STREET ADDRESS	4527 VALLEY BROOK DRIVE	
CITY-ST-ZIP	NORTH LITTLE ROCK AR 72116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Ronald G. Gillert

CFO

08/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)