

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G75133

1. Entity Name

I.D.C., INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90063 037 ***150.00

Principal Place of Business

Mailing Address

914 DIXON BLVD
COCOA FL 32922
US

PO BOX 3767
COCOA FL 32924-3767
US

2. Principal Place of Business

3. Mailing Address

516 Delannoy Ave

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2364724

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KIRSCHENBAUM, MALCOM R.

~~914 DIXON BLVD~~

COCOA FL 32922

516 Delannoy Ave

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

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, 2000 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 VST ☐ Delete
NAME DIDOMENICO, PATRICK E.
STREET ADDRESS 914 DIXON BLVD
CITY-ST-ZIP COCOA FL 32922

☒ Change ☐ Addition
516 Delannoy Ave

TITLE PD ☐ Delete
NAME KIRSCHENBAUM, MALCOLM R
STREET ADDRESS 914 DIXON BLVD
CITY-ST-ZIP COCOA FL 32922

☒ Change ☐ Addition
516 Delannoy Ave

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 emp...

SIGNATURE:

Malcolm R Kirschenbaum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Malcolm R Kirschenbaum
321-632-4936

4/1/00
Date

Daytime Phone #

CR2E034 (9/99)