

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H32104

1. Entity Name

INDUSTRIAL-COMMERCIAL STRUCTURES, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90054 047 ***158.75

Principal Place of Business

Mailing Address

% ROBERT N. JOHNSON
933 LEE ROAD, SUITE 400
ORLANDO FL 32810

% ROBERT N. JOHNSON
933 LEE ROAD, SUITE 400
ORLANDO FL 32810-5537



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Industrial Commercial
Structures, Inc.
Suite, Apt. #, etc.

Industrial Commercial Structures
c/o Bryan A. Johnson

933 Lee Road, Ste 400

933 Lee Road, Suite 400
Suite 400

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number 59-2880431

Applied For
Not Applicable

Zip
32810

Country
USA

Zip
32810

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

JOHNSON, BRYAN A.
933 LEE RD.
SUITE 400
ORLANDO FL 32810

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 PVT ☐ Delete
NAME JOHNSON, BRYAN A.
STREET ADDRESS 933 LEE RD. SUITE 400
CITY-ST-ZIP ORLANDO FL

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

TITLE S ☐ Delete
NAME JOHNSON, MATTHEW T
STREET ADDRESS 933 LEE ROAD, SUITE 400
CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryan A. Johnson

04/11/00

Date

407.629.5431 X226

Daytime Phone #

CR2E034 (9/99)