

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J19645

1. Entity Name

ICD CORPORATION OF ORLANDO

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90053 049 ***150.00

Principal Place of Business

105 CANDACE DR. SUITE 129
MAITLAND FL 32751

Mailing Address

105 CANDACE DR. SUITE 129
MAITLAND FL 32751-3327

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2691451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRUPSKI, ISIDORE P
1172 BRAMPTON PLACE
HEATHROW FL 32779

7. Name and Address of New Registered Agent

Name Krupski, Isidore P.

Street Address (P.O. Box Number is Not Acceptable)
1361 Tadsworth Terrace

City Heathrow

FL

Zip Code 32746

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

TITLE PD
NAME KRUPSKI, I
STREET ADDRESS 1361 TADSWORTH TERR.
CITY-ST-ZIP HEATHROW FL 32746 ☐ Delete

TITLE D
NAME KRUPSKI, CAROLE J.
STREET ADDRESS 1361 TADSWORTH TERRCE
CITY-ST-ZIP HEATHROW FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 an other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00

407-339-4479

Date

Daytime Phone #