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Secretary of State
05-14-2002 90292 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J19645

1. Entry Name
ICD CORP OF ORLANDO
D/B/A ECONOMY BINDING SYSTEMS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
105 CANDACE DR.	105 CANDACE DR.
Suite, Apt. #, etc. UNIT 129	Suite, Apt. #, etc. UNIT 129
City & State MAITLAND FL.	City & State MAITLAND FL.
Zip 32751 Country SEMINOLE	Zip 32751 Country SEMINOLE

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2691451 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name ISIDORE P KRUPSKI [redacted]

Street Address (P.O. Box Number is Not Acceptable)
2825 FALCON Ridge

City Clermont 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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing agent.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) X

10. Election Campaign Financing Trust Fund Contribution. ☐ **$6.00** May Be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE P NAME STREET ADDRESS CITY-ST-ZIP	ISIDORE P. KRUPSKI - P 2825 FALCON RIDGE CLERMONT FL. 34711
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	CAROLE KRUPSKI - S 2825 FALCON RIDGE CLERMONT FL. 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E024S (12/01)

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Isidore P. Krupski ISIDORE P. KRUPSKI 4-25-02 407-3394479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #