

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90014 037 ***150.00

00002364



DO NOT WRITE IN THIS SPACE

DOCUMENT # J91935			
1. Entity Name INTERNATIONAL COMMERCIAL SUPPLY, INC.			
Principal Place of Business 9116 LAZY LANE TAMPA FL 33614 US		Mailing Address 9116 LAZY LANE TAMPA FL 33614 US	
2. Principal Place of Business 2016 E. SAXON STREET Suite, Apt. #, etc.		3. Mailing Address 2016 E. SAXON STREET Suite, Apt. #, etc.	
City & State TAMPA FLORIDA		City & State TAMPA FLORIDA	
Zip 33605	Country U.S.	Zip 33605	Country U.S.
4. FEI Number 59-2892839		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEKDECI, PATRICK 9116 LAZY LANE TAMPA FL 33614		7. Name and Address of New Registered Agent Name MEKDECI, PATRICK Street Address (P.O. Box Number is Not Acceptable) 2016 E. SAXON STREET City TAMPA FL Zip Code 33605	
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 _____ (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) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEKDECI, PATRICK FRANCI 9116 LAZY LANE TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2016 E. SAXON STREET TAMPA, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Patrick Mekdeci</i>		PATRICK MEKDECI PRESIDENT 1/5/01 813-2482253	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2034 (10/00)