

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M32225

1. Entity Name

INDUSTRIAL CORROSION SERVICES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90057 017 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9401 N.W. 109 STREET
BAY 5
MEDLEY FL 33178
US

9401 N.W. 109 STREET
BAY 5
MEDLEY FL 33178-1226
US

2. Principal Place of Business

9405 NW 109 ST

3. Mailing Address

9405 NW 109 ST.

Suite, Apt. #, etc.

Bay 5

Suite, Apt. #, etc.

Bay 5

City & State

Medley FL

City & State

Medley

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

59-2674357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELANGER, ALAIN
2864 EDGEHILL LN.
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

Name

BELANGER ALAIN

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

2363 NW 162nd TERR
PEMBROKE PINES

City

FL

Zip Code

33028

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)

04/06/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
DESROCHERS, JEAN
9809 NW 80TH AVE, BAY 9-N
HIALEAH GARDENS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REJEAN, JULIEN
4110 DAKOTA PLACE
PALM BEACH GARDENS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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
9405 NW 109 ST
Bay # 5
MEDLEY FL 33178 ☐ Change ☒ Addition

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

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

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

TITLE
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STREET ADDRESS
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 endorsement with all other like endorsement.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/00

DATE

305-888-2687

Daytime Phone #

CR2E034 (9/99)