

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90336 040 ***150.00

DOCUMENT # M32225

1. Entity Name

INDUSTRIAL CORROSION SERVICES, INC.

Principal Place of Business

**9405 NW 109 ST
 BAY 5
 MEDLEY FL 33178
 US**

Mailing Address

**9405 NW 109 ST
 BAY 5
 MEDLEY FL 33178
 US**

00077133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

City & State

4. FEI Number

59-2674357

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BELANGER, ALAIN

2363 NW 162ND TERR

PEMBROKE PINES FL 33028

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, 2002 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	PTD	<input checked="" type="checkbox"/> Delete
NAME	DESROCHERS, JEAN	
STREET ADDRESS	9405 NW 109 ST BAY #5	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	D.	<input type="checkbox"/> Delete
NAME	REJEAN, JULIEN	
STREET ADDRESS	4110 DAKOTA PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAIN BELANGER	
STREET ADDRESS	2363 NW 162 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIKA BELANGER	
STREET ADDRESS	2363 NW 162 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND EITHER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alain Belanger

Date

04/14/02 35-888-8607

Daytime Phone #

CR2E034 (9/01)