

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91583 010 ****70.00

DOCUMENT # N96000006539
1. Entity Name
 VICTIMS OF INEQUITABLE COMPENSATION ENACTMENTS
 SOCIETY, INC.

Principal Place of Business 17189 JOHNSTON DRIVE
 FORT MYERS, FL. 33912
Mailing Address - 010 16450 S. TAMiami TRAIL
 SUITE 3 PMB #105
 FORT MYERS, FL. 33908

10070191

2. Principal Place of Business
 Suite, Apt. #, etc.
3. Mailing Address - prev
 Suite, Apt. #, etc.
 4506 DEL PRADO BLVD. SOUTH
 B
City & State CAPE CORAL, FLORIDA
4. FEI Number 65-0740717
 Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 ANDERSON, KEVIN T.
 17189 JOHNSTON DRIVE
 FORT MYERS, FL. 33912

7. Name and Address of New Registered Agent
 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 _____

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIM HENSLEY 32601 OIL WELL ROAD PUNTA GORDA, FL. 33955 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUZMA, GREGORY 1002 FLEETWOOD DRIVE PORT CHARLOTTE, FL. 33948 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ANDERSON, KEVIN 17189 JOHNSTON DRIVE FORT MYERS, FL. 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BEVERLY HAIRE 12207 MARAVILLA DRIVE PUNTA GORDA, FL. 33955 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, RONALD 2922 YORK ROAD ST. JAMES CITY, FL. <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, DAVID 3807 PAPAYA STREET ST. JAMES CITY, FL. <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL WILKINSON 5756 MARY JANE LANE LAND O' LAKES, FL. 34639 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUG MATHIS 367 MATHIS DRIVE HAVANA, FL. 32333 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D KERRI DEASON 367 MATHIS DRIVE HAVANA, FL. 32333 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN T. ANDERSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 (941) 267-4782
 Date Daytime Phone #

CR2E037 (11/00)