

2002 UNIFORM BUSINESS REPORT (UBR)

0097084

DOCUMENT # N96000006539

1. Entity Name

VICTIMS OF INEQUITABLE COMPENSATION ENACTMENTS SOCIETY, INC.

FILED
Sep 09, 2002 8:00 A
Secretary of State

Principal Place of Business

Mailing Address

17189 JOHNSTON DR.
 FT. MYERS FL 33912

4506 OGL PRADO BLVD SOUTH
 B
 CAPE CORAL FL 33904
 US

2. Principal Place of Business

3. Mailing Address

7937 Jaguar Dr.
 Suite, Apt. #, etc.

7937 Jaguar Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Jacksonville, FL

Jacksonville, FL

4. FEI Number

65-0740717

Applied For

Not Applicable

Zip

Country

Zip

Country

32244

U.S.

32244

U.S.

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

ANDERSON, KEVIN T
 17189 JOHNSTON DRIVE
 FT. MYERS FL 33912

Name
 MARY BAILEY President

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

7937 Jaguar Dr.

City
 Jacksonville

FL

Zip Code

32244

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

Mary Bailey

Signature, typed printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/9/02

DATE

FILE NOW: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSLEY, SIM 32601 OIL WELL ROAD PUNTA GORDA FL 33955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINSON, MICHAEL 5756 MARY JANE LANE LAND O' LAKES FL 34639	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HAIRE, BEVERLY 12207 MARAVILLA DRIVE PUNTA GORDA FL 33955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ANDERSON, KEVIN 17189 JOHNSTON DR. FT. MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, DOUG 367 MATHIS DRIVE HAVANA FL 32333	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEASON, KERRI 367 MATHIS DRIVE HAVANA FL 32333	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Bailey P/D 7937 Jaguar DR. Jax, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robin LaBrosse C/D 2404 JOYCE LANE Pembroke Park, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charlene MATTHEW D 8340 Scottish Court Jax, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Doris Ward S/D 3220 ANTHONY DR. ST. CLOUD, FL 34771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900008021829-1 -09/25/02--01071--005 *****70.00 *****70.00	<input type="checkbox"/> Change <input 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:

MARY BAILEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02

Date

904-778-9344

Daytime Phone #

CR2E037 (9/01)