

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Oct 02, 2002 8:00 am
Secretary of State

10-02-2002 90118 014 ***150.00

DOCUMENT # P00000048649

1. Entity Name

Industrial Contractors, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4466 Hwy. 90 West

Suite, Apt. #, etc.

3. Mailing Address
Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake City, FL

City & State
Same

4. FEI Number
59-3645584

Applied For
☐ Not Applicable

Zip
32055

Country
USA

Zip
Same

Country
Same

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.

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

City Coral Gables **FL** **Zip Code** 33134

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) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

P
Shaw, Laura M.
4466 Hwy. 90 West
Lake City, FL 32055

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/02

386-785-3310

Date Daytime Phone #

CR2E034B (12/01)

Attachment

678687


#P00000048649

AFFIDAVIT

To Whom It May Concern:

I, LAURA M. SHAW, as President of Industrial Contractors, Inc. hereby certify that our office never received the Uniform Business Report for the year 2002.

Dated this 30th day of October, 2002


WITNESS-


Laura M. Shaw-President