

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

FILED P00000091269

DOCUMENT # P00000091269

1. Entity Name
IE CT, INC.

02 MAY 17 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

223 WESTRIDGE DRIVE

3. Mailing Address

P.O. BOX 20052

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FLORIDA

Zip

32304

Country

USA

City & State

TALLAHASSEE, FLORIDA

Zip

32316

Country

USA

4. FEI Number

59-3672648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
E.C. THOMPSON

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

223 WESTRIDGE DRIVE

City
TALLAHASSEE

FL

Zip Code
32304

**DO NOT WRITE
IN THIS SPACE**

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 **E.C. Thompson** **PRESIDENT E.C. THOMPSON** **4-24-02**

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
**PRESIDENT
E.C. THOMPSON
223 WESTRIDGE DRIVE
TALLAHASSEE, FLORIDA 32304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
UD TH SAN
1317 SHARON ROAD
TALLAHASSEE, FLORIDA 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
UD TH ANH THY
1317 SHARON ROAD
TALLAHASSEE, FLORIDA 32303**

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****150.00 ****150.00**

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: **E.C. Thompson** **PRESIDENT**

4-24-02

Date

850 575-2859

Daytime Phone #

CR2E034B (12/01)