

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-27-2003 90091 007 ***150.00
P02000003185

FILED

03 MAY -2 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000003185

1. Entity Name
ILICTRONIC'S MANAGEMENT, INC.



Principal Place of Business
**1760 DIBBLE CIR. WEST
JACKSONVILLE FL 32246**

Mailing Address
**1760 DIBBLE CIR. WEST
JACKSONVILLE FL 32246**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FFI Number
80-0005830

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**INTERNOSCIA, DAVID
3149 PONCE DE LEON BLVD., UNIT 7
ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent
Name **Chris Iliadis**
Street Address (P.O. Box Number is Not Acceptable)
**1760 Dibble Circle West
St. Augustine Jacksonville Fl.**
City **Jacksonville** FL Zip Code **32246**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *C Iliadis* (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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 607, 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: *C Iliadis* **SIGNATURE REQUIRED** *President* **3-24-03 904-824-7844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)