

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19392

1. Entity Name  
INTERNATIONAL CREDENTIALING ASSOCIATES, INC.

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90036 020 \*\*\*150.00

Principal Place of Business

7245 BRYAN DAIRY ROAD  
SUITE 810  
LARGO FL 33777  
US

Mailing Address

7245 BRYAN DAIRY ROAD  
SUITE 810  
LARGO FL 33777  
US

945001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7245 BRYAN DAIRY ROAD

Suite, Apt. #, etc.

3. Mailing Address

7245 BRYAN DAIRY ROAD

Suite, Apt. #, etc.

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number 52-1310458

Applied For

Not Applicable

Zip

Country

33777

PINELLAS

Zip

Country

33777

PINELLAS

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

GARRETT, GARY L.  
ONE PROGRESS PLAZA  
SUITE 810  
ST. PETERSBURG FL 33701

Name

GARY L. GARRETT

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

7245 BRYAN DAIRY ROAD

City

LARGO

FL

Zip Code

33777

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 Gary L. Garrett President

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

(NOTE: Registered Agent signature required when reinstating)

4-8-01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRETT, GARY L. ONE PROGRESS PLAZA, SUITE 810 ST PETE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARRETT, LUDMILA M. ONE PROGRESS PLAZA, SUITE 810 ST PETE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIBERG, ERIC 216 CHIPMUNK TRAIL FRONT ROYAL VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARRETT, LUDMILA M. ONE PROGRESS PLAZA, SUITE 810 ST PETE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President GARRETT, GARY L. 7245 BRYAN DAIRY ROAD LARGO FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President LUDMILA M. GARRETT 7245 BRYAN DAIRY ROAD LARGO FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GARRETT, LUDMILA M. 7245 BRYAN DAIRY ROAD LARGO FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. GARRETT, PRESIDENT  
Gary L. Garrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-01

Date

727-549-8555

Daytime Phone #

CR2E034 (10/00)