

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000023489**
 1. Entity Name
INNOVATIVE COMMUNICATIONS DESIGN AND INSPECTION, INC.

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 JUL 20 PM 1:48

Principal Place of Business Mailing Address
MERRITT ISLAND, FL 275 QUAIL DR
MERRITT ISLAND FL 32953

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **59-3171075** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

J. J. MONTGOMERY
275 QUAIL DR
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable) **600004535806--0**
 -08/15/01--01025--001
 City **FL** Zip Code **33000**

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 **J. J. MONTGOMERY - PRESIDENT**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Agents must sign signature required when reinstating)

07-16-01
 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	J. J. MONTGOMERY	275 QUAIL DR	MERRITT ISLAND, FL 32953		
SECT. TREAS.	CAROL A MONTGOMERY	275 QUAIL DR	MERRITT ISLAND, FL 32953		
VICE PRESIDENT	PATRICK D. MONTGOMERY	633 ARBORSIDE LN	AVON LAKE, OH 44012		

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: **J. J. MONTGOMERY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-01
 Date

(321) 455-1500
 Daytime Phone #

CR2E034 (11/00)