

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90030 034 ***150.00

DOCUMENT # P93000065716

1. Entity Name

ICES GROUP, INC.

R

Principal Place of Business

9331 FOWLER AVENUE E.
 THONOTOSASSA FL 33592
 US

Mailing Address

P.O. BOX 290183
 TAMPA FL 33687-0183

2. Principal Place of Business

9331 E Fowler Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

City & State

THONOTOSASSA FLA

City & State

Zip

33592

Country

US

Zip

Country

4. FEI Number

59-3266954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KELLY, KURTIS K
 8607 ANGLERS POINT DR.
 TEMPLE TERRACE FL 33637

7. Name and Address of New Registered Agent

Name

KURTIS K. KELLY

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

9331 E Fowler Ave Suite F

City

THONOTOSASSA

FL

Zip Code

33592

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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	KELLY, KURTIS K	
STREET ADDRESS	8607 ANGLERS POINT DR.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAGGARD, GRADY E	
STREET ADDRESS	37518 GEIGER RD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIEGLE, JACK R.	
STREET ADDRESS	13225 110TH AVE. NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/00 813-986 0402

CR2E034 (5/00)

Attachment DOCH: P93000005718
DUU80935

VOID CIL 1803
"Lost by Payee"

ACCOUNTING CONTROL		ACCOUNTING CONTROL					
5917793350 ETP / PLF 4/28/00 SENDER	169167860 ICES GROUP INC 9331 E FOWLER AVE THONOTOSASSA FL 33592 ACCTS PAYABLE 813-986-040 NONE	HAVYS BANK CNA LOT BOX 6206 2000 FINLEY RD LOMBARD IL 60148 NONE R KRINER 5/01/00 9:46	DB 1 LX 940 SD	EXP 10.50 OTH .32			
		ADDITIONAL SHIPMENT INFORMATION: OTH-FUEL SURCHARGE 3.0% APPLIED					
5917793458 ETP / TLH 5/03/00 SENDER	169167860 ICES GROUP INC 9331 E FOWLER AVE THONOTOSASSA FL 33592 ACCTS PAYABLE 813-986-040 NONE	DIVISION CORP UNIFORM BUSINESS DEPOT FILINGS 409 E GAINES ST TALLAHASSEE FL 32399 UBR B-SIPPIO -5/04/00-10:14	DB 1 5 122 RC	EXP 20.40 OTH .61			
		ADDITIONAL SHIPMENT INFORMATION: OTH-FUEL SURCHARGE 3.0% APPLIED					
** NET AMOUNT DUE **							\$73.85

850-487-6059, #2

Check 150.00
Letter of explanation

1803

ICES GROUP, INC. ACCOUNTS PAYABLE

115000
2000 WGR

Can not find
Any Fed Ex
or Airborne
Slip. Showing
not cleared
bank

1803

ICES GROUP, INC.

P.O. BOX 200183
TAMPA, FL 33687-0183
(813) 986-0402

THE HUNTINGTON NATIONAL BANK
ORLANDO, FLORIDA 32802
(813) 1269-631

AMOUNT
\$ 1500

DATE
5-1-00

PAY TO THE ORDER OF
The Honorable
Department of State
P.O. Box 1500
Tallah, FL 32302-1500

VOID AFTER 90 DAYS

~~NOT NEGOTIABLE~~

001803 0021125924 0111102590

Attachment DOC#
P93060065716
DU080935

DELUXE BUSINESS FORMS 1+800-328-0304
0910137-95

ICES GROUP, INC. ACCOUNTS PAYABLE

\$150.00
2000 UBR

ICES GROUP, INC.
P.O. BOX 290183
TAMPA, FL 33687-0183
(813) 986-0402

THE HUNTINGTON NATIONAL BANK
ORLANDO, FLORIDA 32802
68-1269-631

PAY TO THE ORDER OF
One Hundred Fifty and no/100
Department of State
PO Box 1500
Tall, FL 32302-1500

DATE
5-1-00

AMOUNT
\$150.00

VOID AFTER 90 DAYS

1803

1803

Security features included. Details on back.

93168567 01 A

⑈001803⑈ ⑆063112692⑆ 01113102690⑈