

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022212

Entity Name

INDUSTRIAL CONSULTANTS, INC.

Principal Place of Business

13300 SOUTH CLEVELAND AVE.  
STE. 101  
FORT MYERS FL 33907

Mailing Address

13300 SOUTH CLEVELAND AVE.  
STE. 101  
FORT MYERS FL 33907

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCCRATTAN, ROBERT J  
13300 SOUTH CLEVELAND AVE.  
STE. 101  
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 12, 2001 Fee 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 D ☐ Delete  
NAME MCCRATTAN, ROBERT J  
STREET ADDRESS 13300 S. CLEVELAND AVE., STE. 101  
CITY-ST-ZIP FORT MYERS FL 33907

TITLE D ☐ Delete  
NAME MCCRATTAN, CHRISTINA  
STREET ADDRESS 13300 S. CLEVELAND AVE., STE. 101  
CITY-ST-ZIP FORT MYERS FL 33907

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200004687722--9  
CITY-ST-ZIP -11/19/01--01073--005  
\*\*\*\*750.00 \*\*\*\*750.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED  
01 OCT 22 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

4. FEI Number 65-0475609

Approved by  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

0094248 AV

CR2E034 (5/01)

10/1/01 941 561 1735