

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90061 033 ***150.00

DOCUMENT # P95000025702

1. Entity Name

ICM TELEMARKETING CENTER, INC.

Principal Place of Business

**120 UNIVERSITY PARK DR.
 #100
 WINTER PARK FL 32792
 US**

Mailing Address

**P. O. BOX 1100
 GOLDENROD FL 32733
 US**

2. Principal Place of Business

**4037 METRIC DR
 SUITE 120
 WINTER PARK, FL**

3. Mailing Address

**4037 METRIC DRIVE
 SUITE 120
 WINTER PARK, FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3305358

Applied For

Not Applicable

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

**VECCIA, DENNIS P
 120 UNIVERSITY PARK DR.
 SUITE 150
 WINTER PARK FL 32792**

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 \$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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	T VECCIA, DENNIS P	120 UNIVERSITY PARK DR., SUITE 150	WINTER PARK FL				
						4037 Metric Dr., STE 120	

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 #

CR2E034 (10/00)