

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029909

1. Entity Name

INTEGRATED COMMUNICATIONS MANAGEMENT, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90003 009 ***158.75

Principal Place of Business

Mailing Address

5100 N TAMiami TrL
 NAPLES FL 34103
 US

P O BOX 120676
 NEW BRIGHTON MN 55112-0022
 US

2. Principal Place of Business

3. Mailing Address

4450 Bonita Beach Rd

P O Box 120676

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#10141

City & State
 Bonita Springs, FL

City & State
 New Brighton, MN 55112

Zip
 34134

Country
 USA

Zip
 55112-0022

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0628623

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

ANDERSON, BRUCE
 2349 41ST ST. SW
 NAPLES FL 33999

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, 2000 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
 P
 ANDERSON, BRUCE
 2349 41ST ST. SW
 NAPLES FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PRESIDENT
 BRUCE ANDERSON
 3529 ANTARCTIC CIR.
 NAPLES, FL 34112

☒ Change ☐ Addition

TITLE
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 STREET ADDRESS
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 CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

800 784 7082

Daytime Phone #

CR2E034 (9/99)