

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054269

1. Entity Name

INNOVATIVE CONSTRUCTION CONCEPTS,

Principal Place of Business 36113 LAKE UNITY NURSERY RD
FRUITLAND PARK, FL 34731

Mailing Address 36113 LAKE UNITY NURSERY RD
FRUITLAND PARK, FL 34731

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

4. FEI Number 59-3332687 **Applied For**
Not Applicable

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

5. Name and Address of Current Registered Agent LATHAM, JERRY L.
36113 LAKE UNITY NURSERY RD
FRUITLAND PARK, FL 34731

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 resigning) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fee**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LATHAM, JERRY L.		NAME		
STREET ADDRESS	36113 LAKE UNITY NURSERY RD		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 offices held empowered.

SIGNATURE: _____ **5/25/01** **352-326-4068**
Signature typed or printed name of signing officer or director Date Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 25 PM 3: 53

DO NOT WRITE IN THIS SPACE

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