

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096543

1. Entity Name
ICS FINANCIAL SERVICES, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90034 036 ***550.00

Principal Place of Business Mailing Address
~~157 E TALL OAK CIR~~ ~~157 E TALL OAK CIR~~
~~PALM BEACH GARDENS FL 33410~~ ~~PALM BEACH GARDENS FL 33410~~

2. Principal Place of Business 3. Mailing Address
~~144 Turtle Creek Dr.~~ ~~144 Turtle Creek Dr.~~

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
~~Tequesta, FL~~ ~~Tequesta, FL~~

Zip Country Zip Country
~~33469~~ ~~United States~~ ~~33469~~ ~~United States~~

4. FEI Number 36-4063492 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	CRONIN, DANIEL J	
STREET ADDRESS	157 E TALL OAK CIR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRONIN, JAMES D	
STREET ADDRESS	4647 W 103RD ST	
CITY-ST-ZIP	OAK LAWN IL 60453	
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	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel J. Cronin	
STREET ADDRESS	144 Turtle Creek Dr.	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James D. Cronin	
STREET ADDRESS	4647 W. 103rd St.	
CITY-ST-ZIP	Oak Lawn, IL 60453	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/21/2000 Daytime Phone #: 708-857-7400

CR2E034 (5/00)