2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000008746** Feb 28, 2000 8:00 am 1. Entity Name **Secretary of State** INDUSTRIAL COMPUTER PROGRAMMING, INC. 02-28-2000 90065 046 ***150.00 Mailing Address Principal Place of Business 15750 HUTCHINSON RD. 144 WHITAKER RD., STE, B TAMPA FL 33625-1007 **LUTZ FL 33549** G U U PO V V V = 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3366771 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROMO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 15750 HUTCHINSON RD. **TAMPA FL 33614** City 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS ☐ Addition ☐ Change ☐ Delete TITLE TITLE ROMO, CARLOS NAME NAME STREET ADDRESS 15750 HUTCHINSON RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa FL 33625 Addition Change ☐ Delete TITLE ROMO, RICARDO NAME NAME 19809 WINDHAM LAKES DR STREET ADDRESS 14217-VILLAGE TERRACE STREET ADDRESS ODESSA, FL 33556 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL-33624 ☐ Chiange ☐ Addition ☐ Delete TITI F TITLE PANTHER, GREGORY NAME NAME 5610_BETH CT STREET ADDRESS 4619 WHITEWAY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA-FL 33617 Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.