## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P9600008746 INDUSTRIAL COMPUTER PROGRAMMING, INC. 03-19-2001 90471 026 \*\*\*150.00 Principal Place of Business Mailing Address 15750 HUTCHINSON RD. 144 WHITAKER RD., STE. B **TAMPA FL 33625** LUTZ FL 33549 3. Mailing Address 2. Principal Place of Business 151593 PO Box DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3366771 TAMPA Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired iis A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROMO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 15750 HUTCHINSON RD. **TAMPA FL 33614** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 OFFICERS AND DIRECTORS 12. 11. ▼ Addition ☐ Delete TITLE TITLE ROMO, CARLOS NAME NAME 144 WHITAKER RD, STE B STREET ADDRESS 15750 HUTCHINSON RD. STREET ADDRESS LUTZ FL 33549 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33625 Change ☐ Addition ☐ Delete TITLE TITLE ROMO, RICARDO NAME NAME 19809 WINDHAM LAKES DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ODESSA FL 33556 ☐ Change X Addition TITLE ☐ Delete TITLE NAME PANTHER, GREGORY NAME STREET ADDRESS STREET-ADDRES 5610 BETH CT CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 Change ☐ Addition TITLE ☐ Delete TITLE NAME 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 ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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

FILED