FORPROFITCORPORATION UNIFORMBUSINESSREPORT(UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90438 012 ***150.00

671339

DOCUMENT# P97000038011

1. EntityName
Industrial Control Systems Inc

DO NOT WRITE IN THIS SPACE

2. PrincipalPlaceofBusiness	3. MailingAddress
Pinellas County	6772 28th Ave N
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State: St Petersburg, FL	City&State
Zip: 33710 Country: USA	Zip Country

DONOTWRITEINTHISSPACE

4. FEINumber: 65-0720094 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

DO NOT WRITE IN THIS SPACE

7. NameandAddressofCurrentRegisteredAgent

Name: Spiegel & Utrera, PA
StreetAddress (P.O.BoxNumberisNotAcceptable): 343 Almeria Ave
City: Coral Gables FL ZipCode: 33134

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.

SIGNATURE: Graham Jackman
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE: 4/30/02

9. Thiscorporationiseligibletosatisfyitsintangible Taxfilingrequirementandelectstodoso. (Seecriteriaonback) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

11. OFFICERSANDDIRECTORS

TITLE NAME STREETADDRESS CITY-ST-ZIP	Graham Jackman President 6772 28th Ave N. St Petersburg, FL 33710	TITLE NAME STREETADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector of the corporation or the receiver or trustee empowered to execute this report as required byChapter607,FloridaStatutes: and that my name appea rs in Block 11oronan attachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: Graham Jackman
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR

4/30/02 Date (727) 345-5308 DaytimePhone#