

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91401 038 ***150.00

DOCUMENT # P98000015291

1. Entity Name
INDUSTRIAL COMMERCIAL SUPPLY CO. INC.



Principal Place of Business
**17 MILDRED DR.
FORT MYERS FL 33901**

Mailing Address
**17 MILDRED DR.
FORT MYERS FL 33901**

2. Principal Place of Business

15 Mildred Dr.
Suite, Apt. #, etc.

3. Mailing Address

15 Mildred Dr.
Suite, Apt. #, etc.

City & State

Ft. Myers FL

City & State

Ft. Myers FL

4. FEI Number **65-0821528**

Applied For
Not Applicable

Zip **33901**

Country **USA**

Zip **33901**

Country **USA**

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

6. Name and Address of Current Registered Agent

**CURRIE, LYNN
144 SE 4 ST
CAPE CORAL FL 33990**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lynn Currie*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CURRIE, PAUL**
STREET ADDRESS **144 SE 4TH STREET**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **T** ☒ Delete
NAME **CURRIE, CHAD B**
STREET ADDRESS **144 SE 4TH STREET**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Currie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03
Date

277-0101
Daytime Phone #

CR2E034 (10/02)