

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90320 011 \*\*\*150.00

**DOCUMENT # P98000039484**

1. Entity Name

ICF SUPPORT, INC.

Principal Place of Business

Mailing Address

300 SW 2 ST. STE 8  
 POST OFFICE BOX 14814  
 FT LAUDERDALE FL 33301

300 SW 2 ST. STE 8  
 POST OFFICE BOX 14814  
 FT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

1225 SE 2<sup>ND</sup> Avenue  
 Suite, Apt. #, etc.

PO Box 14873  
 Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip  
 33316

Country

USA

Zip

33302-4873

Country

USA

4. FEI Number

65-0832852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name: **Edward James Parks**

Street Address (P.O. Box Number is Not Acceptable)  
 1225 SE 2<sup>ND</sup> Avenue

City: **Ft. Lauderdale**

FL

Zip Code  
 33316

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:

*[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

**Edward James Parks**

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEATHERMAN, JAMES E 300 SW 2 ST. STE 8 - PO BOX 14814 FT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRAVIS MILLS PRESIDENT 1112 GRADER ST DALLAS TX 75238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **TRAVIS W. MILLS**

Date

3/23/01 (214) 503-1644

Daytime Phone #

CR2E034 (10/00)