

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90050 005 ***158.75

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DOCUMENT # P98000064707

1. Entity Name
INTERNATIONAL CAPITAL EQUIPMENT CORPORATION

Principal Place of Business
2471 MCMULLEN BOOTH RD STE 309
CLEARWATER FL 33759

Mailing Address
3693 WOODRIDGE PLACE
PALM HARBOR FL 34684



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

4. FEI Number **59-3524138** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHRAPPA, CARL
3693 WOODRIDGE PLACE
PALM HARBOR FL 34684

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.

SIGNATURE _____ (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, 2002 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	D	<input type="checkbox"/> Delete
NAME	CHRAPPA, CARL	
STREET ADDRESS	3693 WOODRIDGE PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRAZE, FRANK O	
STREET ADDRESS	3849 STERLING ST.	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ESPOSITO, KIMBERLY A	
STREET ADDRESS	2702 WINCHESTER DRIVE	
CITY-ST-ZIP	VALPARAISO IN 46383	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	VARGAS, LAURA H	
STREET ADDRESS	3139 CARA COURT	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VARGAS, LAURA H	
STREET ADDRESS	3139 CARA COURT	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

211/02 727-716-7733
 Date Daytime Phone #

CR2E034 (9/01)