

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000089489**1. Entity Name
INDECON CORPORATIONPrincipal Place of Business
536 21ST AVE NE
ST. PETERSBURG FL 33704
Mailing Address
P.O BOX 17574
CLEARWATER FL 33762

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3538393
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**RISLER JAMES**
11303 REGAL SQUARE DR**TEMPLE TERRACE**
33617 US FL**7. Name and Address of New Registered Agent**Name
RISLER JAMESStreet Address (P.O. Box Number is Not Acceptable)
460 21ST AVENUE NORTHEASTCity
ST. PETERSBURG FL Zip Code
33704

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 _____ **04/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **BOX JAMES**
STREET ADDRESS **536 21 AVE NE**
CITY-ST-ZIP **ST PETERSBURG FL 33704**TITLE **D** ☐ Delete
NAME **RISLER JAMES**
STREET ADDRESS **11303 REGAL SQUARE DR**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Change ☐ Addition
NAME **RISLER JAMES**
STREET ADDRESS **460 21ST AVENUE NORTHEAST**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: James Box **CEO** **04/09/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)