

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90179 020 ***150.00

DOCUMENT # P98000105786

1. Entity Name

I.C. INDUSTRIES, INC. OF NAPLES

Principal Place of Business

**118 TAHITI CIR
 NAPLES FL 34113**

Mailing Address

**118 TAHITI CIR
 NAPLES FL 34113-4008**

2. Principal Place of Business

118 TAHITI CIR

3. Mailing Address

118 TAHITI CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3545958

Applied For

Not Applicable

Zip

34113

Country

USA

Zip

34113

Country

USA

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

**LAWRENCE, WILLIAM
 118 TAHITI CIR
 NAPLES FL 34113**

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

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

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LAWRENCE, WILLIAM A	
STREET ADDRESS	118 TAHITI CIRCLE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAWRENCE, ELLEN M	
STREET ADDRESS	118 TAHITI CIRCLE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM A. LAWRENCE

2/12/2000

941 642-8885

Date

Daytime Phone #