

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90028 021 ***150.00

0055031

DO NOT WRITE IN THIS SPACE

DOCUMENT # 99000037331

1. Entity Name
 ICS BRUNSWICK, INC.

Principal Place of Business
 2625 WEST 5TH STREET
 JAX FL 32254

Mailing Address
 PO BOX 41064
 JAX FL 32203

2. Principal Place of Business
 2625 WEST 5TH STREET
 Suite, Apt. #, etc.

3. Mailing Address
 PO BOX 41064
 Suite, Apt. #, etc.

City & State
 JACKSONVILLE FL

City & State
 JACKSONVILLE FL

Zip 32254 **Country**

Zip 32203 **Country**

4. FEI Number
 59-3572263

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 CARLTON H SPENCE
 1814 INDUSTRIAL BLVD
 JACKSONVILLE FL 32254

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 *Carlton H Spence* **DATE** April 17, 2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP / SECRETARY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON H SPENCE		NAME		
STREET ADDRESS	2625 WEST 5 TH STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FLORIDA 32254		CITY-ST-ZIP		
TITLE	PRESIDENT / TREASURER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY C SPENCE		NAME		
STREET ADDRESS	2625 WEST 5 TH STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32254		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Carlton H Spence* **DATE** April 17, 2001 **Daytime Phone #** 1-904-786-8238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)