

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # P99000050675

1. Entity Name

INTER-CONTINENTAL PROJECT SYSTEMS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

02-11-2000 90033 013 ***150.00

Principal Place of Business

Mailing Address

1701 EAST AVENUE
CLERMONT FL 32711

1701 EAST AVENUE
CLERMONT FL 34711-3319

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

59-3582046

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

DUNEGAN, RICHARD E
225 EAST ROBINSON STREET
SUITE 450
ORLANDO FL 32801

Name BILL CAMPBELL
Street Address (P.O. Box Number is Not Acceptable)
1701 EAST AVE

CLERMONT, FL

City

FL

Zip Code

34711

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

TITLE PD
NAME CAMPBELL, CHERRYGERUNDIA E
STREET ADDRESS 1701 EAST AVENUE
CITY-ST-ZIP CLERMONT FL 32711 ☐ Delete

TITLE VPD
NAME CAMPBELL, BILL W
STREET ADDRESS 1701 EAST AVENUE
CITY-ST-ZIP CLERMONT FL 32711 ☐ Delete

TITLE STD
NAME CAMPBELL, RANDALL C
STREET ADDRESS 1701 EAST AVENUE
CITY-ST-ZIP CLERMONT FL 32711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/05/00 352-394-7677