

FILED
Apr 26, 2000 8:00 am
Secretary of State

01-21-2000 90108 027 ***150.00

DOCUMENT # P99000052672

1. Entity Name

ICS CONSOLIDATED, INC.

Principal Place of Business

Mailing Address

4400 140 AVE N STE 250
CLEARWATER FL 346224400 140 AVE N STE 250
CLEARWATER FL 33762-3856

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

59-3581509

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

POAD, MARTIN L
4400 140 AVE N STE 250
CLEARWATER FL 34622

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	DC	<input type="checkbox"/> Delete
NAME	POAD, MARTIN L	
STREET ADDRESS	4400 140 AVE N STE 250	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	DS	<input type="checkbox"/> Delete
NAME	POAD, Diane R.	
STREET ADDRESS	2148 LAURENCE DR	
CITY-ST-ZIP	CLEARWATER, FL 34624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POAD, MARTIN L	
STREET ADDRESS	4400 140 AVE NORTH STE 250	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POAD, Diane R.	
STREET ADDRESS	2148 LAURENCE DR	
CITY-ST-ZIP	CLEARWATER, FL 34624	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, William A	
STREET ADDRESS	2760 WESTCHESTER DR N	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Higgins, Alan E.	
STREET ADDRESS	2805 LUCE CIRCLE	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Straub, Thomas W.	
STREET ADDRESS	1740 OYSTER POINT WAY	
CITY-ST-ZIP	PALEMBOR, FL 34683	
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:

*William A. Scott**William A. Scott*

1-14-2000

727-524-8663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #