

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90132 021 ***550.00

DOCUMENT # P99000097945

1. Entity Name:
ICI CONSTRUCTION ENGINEERING CO., INC.

Principal Place of Business
526 S. FOREST AVE.
APOPKA FL 32703

Mailing Address
526 S. FOREST AVE.
APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

2420 METZ AVE. S

P.O. BOX 607382

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD FL.

City & State

ORL. FL.

Zip

Country

Zip

Country

32771

Seminol

32860

ORANGE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARGIS, RENE M
526 S. FOREST AVE.
APOPKA FL 32703

Name **Hargis Rene M**

Street Address (P.O. Box Number is Not Acceptable)
2420 METZ AVE. S

City **SANFORD** **FL** **Zip Code** **32771**

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

Rene M Hargis

9-12-01

Signature, typed or printed name of registered agent and title, 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ **Delete**
NAME **HARGIS, RENE M**
STREET ADDRESS **526 S. FOREST AVE.**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **STD** ☐ **Delete**
NAME **WARDEN, PHILLIP M**
STREET ADDRESS **P.O. BOX 607382**
CITY-ST-ZIP **ORLANDO FL 32860**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

REQUIRED **Rene M Hargis** **9-12-01** **880-3500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)