

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097945

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

Principal Place of Business
2420 METZ AVE
SANFORD FL 32771

Mailing Address
P.O. BOX 607382
ORLANDO FL 32860

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
59-3607988

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARGIS, RENE M
2420 METZ AVE S
SANFORD FL 32771

Name **Phillip M. Warden**

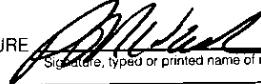
Street Address (P.O. Box Number is Not Acceptable)

5212 Brangus Rd.

City **APOPKA** FL **32712** Zip Code

7. Name and Address of New Registered Agent

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)

4-30-02

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, 2002 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** Delete
NAME **HARGIS, RENE M**
STREET ADDRESS **526 S. FOREST AVE.**
CITY-ST-ZIP **APOPKA FL 32703**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

STD Change Addition

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

PD Change Addition
5212 Brangus Rd.
APOPKA, FL 32712

TITLE Delete
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

4-30-02

Date

Daytime Phone #

CR2E034 (9/01)