

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91597 032 ***150.00

DOCUMENT # P00000051800

1. Entity Name
ICD, INC.

Principal Place of Business
21691 S. STATE ROAD 7
BOCA RATON FL 33428

Mailing Address
21691 S. STATE ROAD 7
BOCA RATON FL 33428

2. Principal Place of Business
5923 WEST HILLSBORO BLVD.
 Suite, Apt. #, etc.

3. Mailing Address
5923 WEST HILLSBORO BLVD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PARKLAND FL

City & State
PARKLAND FL

4. FEI Number
65-1011813

Applied For
 Not Applicable

Zip
33067

Country
BROWARD

Zip
33067

Country
BROWARD

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

OLEYEK, IGOR
21691 S. STATE ROAD 7
BOCA RATON FL 33428

Name
OLEYEK IGOR
 Street Address (P.O. Box Number is Not Acceptable)
5923 WEST HILLSBORO BLVD
 City **PARKLAND** FL Zip Code **33067**

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 (PR) **OLEYEK IGOR** **4-17-2001**
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, 2001 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 P	<input type="checkbox"/> Delete
NAME OLEYEK, IGOR	
STREET ADDRESS 21691 S. STATE ROAD 7	
CITY-ST-ZIP BOCA RATON FL 33428	
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLEYEK IGOR	
STREET ADDRESS 5923 WEST HILLSBORO BLVD	
CITY-ST-ZIP PARKLAND, FL 33067	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: (PR) **OLEYEK IGOR** **4-17-2001** **561-716-0876**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)