

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90199 004 ***150.00

DOCUMENT # P97000075446

1. Entity Name
ICOM SOFTWARE, INC.

Principal Place of Business Mailing Address
 2525 LAKE DRIVE P.O. BOX 2166
 315 W. PALM BEACH FL 33402
 RIVIERA BEACH FL 33404

2. Principal Place of Business 3. Mailing Address
2525 Lake Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
316

City & State City & State
Singer Island, FL
 Zip Country Zip Country
33404 *USA*

4. FEI Number **23-2725296** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GOULET, STEVEN
2525 LAKE DRIVE #316
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent
 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 *Steven Goulet* DATE *4/30/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	PVTS	<input type="checkbox"/> Delete
NAME	GOULET, STEVEN	
STREET ADDRESS	1219 12TH COURT	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	DCM	<input type="checkbox"/> Delete
NAME	GOULET, STEVEN	
STREET ADDRESS	1219 12TH COURT	
CITY-ST-ZIP	JUPITER FL 33477	
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		<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
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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: *Steven Goulet* Date *4/30/01* Daytime Phone # *561-841-7010*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)