

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90051 007 \*\*\*150.00

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**DOCUMENT # P98000031674**



1. Entity Name  
**I.C. TECHNOLOGIES, INC.**

Principal Place of Business  
~~5815 LAGUNA WOODS COURT~~ **13014 N. Dale Mabry #266**  
**TAMPA FL 33625**

Mailing Address  
~~5815 LAGUNA WOODS COURT~~ **4465 E. Genesee St**  
**PMB 253**  
**Dewitt NY 13214**

11000011



2. Principal Place of Business  
**13014 N. Dale Mabry**  
Suite, Apt. #, etc.  
**#266**

3. Mailing Address  
**4465 E. Genesee St**  
Suite, Apt. #, etc.  
**#253**

CHECK HERE IF MAKING CHANGES

City & State  
**TAMPA, FL**

City & State  
**Dewitt NY**

4. FEI Number **59-3504970** Applied For  Not Applicable

Zip **33618** Country **U.S.** Zip **13214** Country **U.S.**

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

6. Name and Address of Current Registered Agent  
**STERKOWSKI, BERNANO R**  
**13014 N. DALE MASUR HWY #266**  
**TAMPA FL 33618 Mabry**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANTONACCI, STEVE</b>		NAME <b>STEVEN ANTONACCI</b>	
STREET ADDRESS <del>5815 LAGUNA WOODS COURT #416</del>		STREET ADDRESS <b>4465 E. GENESSEE ST, PMB 253</b>	
CITY-ST-ZIP <b>TAMPA FL 33625</b>		CITY-ST-ZIP <b>DEWITT NY 13214</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **President** 4/15/2003 8005542832  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)