


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90392 041 ***150.00

DOCUMENT # **503291**
1. Entity Name
I.C. PROBOTICS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
122 E. Lake Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 520669
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Longwood, FL.

City & State
Longwood, FL.

Zip
32750 Country
USA

Zip
32752 Country
USA

4. FEI Number
59-1672341

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
SEYMOUR S. LENZ

Street Address (P.O. Box Number is Not Acceptable)
122

122 E. Lake Ave.

City
Longwood FL Zip Code
32750

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:  **4/28/03**
Signature, typed or printed name of registered agent and title (if applicable) Date: Registered Agent signature required when retreating

January 1 - May 1, Fee is \$750.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/TREAS. SEYMOUR S. LENZ P.O. BOX 520669 LONGWOOD, FL. 32752 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President/SECRET. Janelle B. Lenz P.O. BOX 520669 LONGWOOD, FL. 32752 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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CR2034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
Signature and typed or printed name of signing officer or director Date Daytime Phone #