


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

DO NOT WRITE IN THIS SPACE

City & State Longwood, FL	City & State Longwood, FL	4. FEI Number 59-1672341	Applied For <input type="checkbox"/> Not Applicable
Zip 32750	Country USA	Zip 32752	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$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 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  **DATE** 4/28/03

January 1 - May 1, Fee is \$750.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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/Secy. Tranette B. Lenz P.O. Box 520669 Longwood, FL 32752	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:  **DATE** **Daytime Phone #**

CR2034B (12/02)