

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29867**

1. Entity Name

ICOT CENTER, LTD.

Principal Place of Business
13630 58TH ST N, SUITE 106
13630 58TH ST. N
CLEARWATER FL 33760

Mailing Address
13630 58TH ST N, SUITE 106
13630 58TH ST. N
CLEARWATER FL 33760

FILED

JUL 13 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13630 58TH STREET NORTH

3. Mailing Address
13630 58TH STREET NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 106

SUITE 106

City & State

City & State

CLEARWATER, FL

CLEARWATER, FL

4. FEI Number
59-3001383

Applied For

Not Applicable

Zip

Country

Zip

Country

33760

33760

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

HILL, DENNIS W
13925 58TH ST. N
CLEARWATER FL 33760

Name

A.J. MUSIAL, JR.

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

ONE URBAN CENTRE, SUITE 750

4830 W. KENNEDY BOULEVARD

City

TAMPA

FL

Zip Code

33609

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

9. Capital Contributions as Shown on record. **\$11,680,032.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **V40352**
NAME **ICOT CENTER, INC.**
STREET ADDRESS **17755 U.S. 19 N., #150**
CITY-ST-ZIP **CLEARWATER FL**

STREET ADDRESS **13630 58TH STREET NORTH, SUITE 106**
CITY-ST-ZIP **CLEARWATER, FL 33760**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

300004484973--2
-07/18/01--01080--028
******385.00 ****385.00**

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

300004484973--2
-07/18/01--01080--029
******150.00 ****150.00**

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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/30/01 (727) 531-6880

0010234 AF

CR2E003 (11/00)