

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A93000001232**

1. Entity Name  
**ICOT LAND, LTD.**

**FILED**

01 MAY -4 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
13925 58TH STREET N.  
CLEARWATER FL 33760

Mailing Address  
13925 58TH STREET N.  
CLEARWATER FL 33760



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 106**

Suite, Apt. #, etc.  
**SUITE 106**

City & State  
**CLEARWATER, FL**

City & State  
**CLEARWATER, FL**

Zip  
**33760**

Country

Zip  
**33760**

Country

4. FEI Number  
**59-3213460**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**A. J. MUSIAL, JR.**

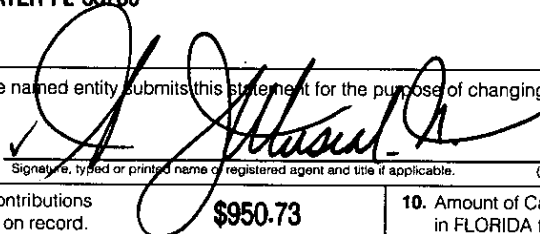
Street Address (P.O. Box Number is Not Acceptable)  
**ONE URBAN CENTRE, SUITE 750**

**4830 W. KENNEDY BLVD**

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  DATE **4/30/01**

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

9. Capital Contributions as Shown on record. **\$950.73**

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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>V40352</b> <b>ICOT CENTER, INC.</b> <b>17755 U.S. 19 NORTH, SUITE 150</b> <b>CLEARWATER FL 34624</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	<b>13630 58TH STREET NORTH, SUITE 106</b>
CITY-ST-ZIP	<b>CLEARWATER, FL 33760</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>4P150</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>500004341035--1</b> <b>-06/05/01--01016--013</b>
STREET ADDRESS	<b>****150.00 ****150.00</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:  DATE **4/30/01** (727) 531-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #