

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001233**

1. Entity Name

**ICOT INCOME PROPERTIES, LTD.**

Principal Place of Business

**13925 58TH ST. N  
CLEARWATER FL 33760**

Mailing Address

**13925 58TH ST. N  
CLEARWATER FL 33760**

**FILED**

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



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

**59-3213462**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**HILL, DENNIS W  
13925 58TH ST. 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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**✓ 4/20/01**

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 # **V40352**  
NAME **ICOT CENTER, INC.**  
STREET ADDRESS **17755 U.S. 19 NORTH, SUITE 150**  
CITY-ST-ZIP **CLEARWATER FL 34824**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**13630 58TH STREET NORTH, SUITE 106**

CITY-ST-ZIP

**CLEARWATER, FL 33760**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**✓ 4/20/01 (727) 531-6880**