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02 JUN 19 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002116

1. Entity Name
Investment Consultants Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5445 Mariner Street		5445 Mariner Street	
Suite, Apt. #, etc. Suite 208		Suite, Apt. #, etc. Suite 208	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33609	Country USA	Zip 33609	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 352042071 — 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: John H. McCorvey, Jr., Esquire
Street Address (P.O. Box Number is Not Acceptable): 4595 Lexington Avenue, Suite 100
City: Jacksonville FL Zip Code: 32210

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 John H. McCorvey Jr. 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President NAME W. Allen Clifford STREET ADDRESS 5445 Mariner Street, Suite 208 CITY-ST-ZIP Tampa, Florida 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VD NAME Robert Merritt STREET ADDRESS 5445 Mariner Street, Suite 208 CITY-ST-ZIP ~~Tampa, Florida 33609~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Allen Clifford 4/30/02 813.286.7631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #