2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2003 8:00 am Secretary of State J51792 **DOCUMENT #** 1. Entity Name 03-24-2003 90206 023 ***150.00 ONICON INCORPORATED Principal Place of Business Mailing Address % MARVIN J. FELDMAN % MARVIN J. FELDMAN 2161 LOGAN ST 2161 LOGAN ST CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address 500 N. Belcher Rd 1500 N. Belcher Rd Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2769898 eanvate Not Applicable \$8.75 Additional 5. Certificate of Status Desired... Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FELDMAN, MARVIN J. Street Address (P.O. Box Number is Not Acceptable) 2161 LOGAN ST **CLEARWATER FL 33765-1312** Zip Code 33764 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 regis SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition FELDMAN, MARVIN J. NAME NAME 1500 N BekherRd 2161 LOGAN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL Cleanwater Fr. 33765 CITY-ST-ZIP TITLE ☐ Delete TITLE change Addition NAME DAVIS, ADRIENNE L NAME STREET ADDRESS 3376 BRAIN ROAD, SO. 1500 N. Belcher. Rd STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP TITLE Delete TITLE Addition NAME --FELDMAN, LINDA NAME 1500 N. Beleter Rd Cleanwater FL 33765 STREET ADDRESS 2161 LOGAN ST. STREET ADDRESS CITY-ST-ZIF CLEARWATER FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE