

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90089 044 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # K51953

1. Entity Name
INNOVATIVE CONCEPT GROUP, INC.

Principal Place of Business
INNOVATIVE CONCEPT GRP
5211 W LAUREL ST
TAMPA FL 33607-1736
US

Mailing Address
INNOVATIVE CONCEPT GRP
P O BOX 30719
TAMPA FL 33630-3719
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2920918

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PLESS, JAMES A
5211 W LAUREL ST
TAMPA FL 33607

Name

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

City

FL

Zip Code

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **TAYLOR, WILLIAM S. JR**
 CITY-ST-ZIP **P O BOX 30719 N/A**
TAMPA FL 33630

TITLE ☐ Change ☒ Addition
 NAME **CFO**
 STREET ADDRESS **Darlene Stavelly**
 CITY-ST-ZIP **P.O. Box 30719**
Tampa FL 33630-3719

TITLE ☐ Delete
 NAME **CEO**
 STREET ADDRESS **PLESS, JAMES A**
 CITY-ST-ZIP **P BOX 30719 N/A**
TAMPA FL 33630

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Deborah Gross**
 CITY-ST-ZIP **P.O. Box 30719**
Tampa FL 33630

TITLE ☐ Delete
 NAME **EVP**
 STREET ADDRESS **PLESS, REED L**
 CITY-ST-ZIP **P O BOX 30719 N/A**
TAMPA FL 33630

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)