

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91872 021 ***150.00

DOCUMENT # K51953

1. Entity Name
INNOVATIVE CONCEPT GROUP, INC.



00010000



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, WILLIAM S. JR	
STREET ADDRESS	P O BOX 30719 N/A	
CITY-ST-ZIP	TAMPA FL 33630	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	PLESS, JAMES A	
STREET ADDRESS	P BOX 30719 N/A	
CITY-ST-ZIP	TAMPA FL 33630	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	PLESS, REED L	
STREET ADDRESS	P O BOX 30719 N/A	
CITY-ST-ZIP	TAMPA FL 33630	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	STAVELY, DARLENE	
STREET ADDRESS	P.O. BOX 30719	
CITY-ST-ZIP	TAMPA FL 33630-3719	
TITLE	S	<input type="checkbox"/> Delete
NAME	GROSS, DEBORAH	
STREET ADDRESS	P.O. BOX 30719	
CITY-ST-ZIP	TAMPA FL 33630	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **813 282-0200**
Date Daytime Phone #

CR2E034 (10/02)