

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005899

1. Entity Name
IECUBED, LLC

FILED

Principal Place of Business

12 LOST NATIONS ROAD
POUND RIDGE NY 10576

Mailing Address

12 LOST NATIONS ROAD
POUND RIDGE NY 10576

01 OCT -4 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

877 EXECUTIVE CNTR DR W

Suite, Apt. #, etc.

SUITE 108

City & State

ST PETERSBURG

Zip

FL

Country

33702

3. Mailing Address

877 EXECUTIVE CNTR DR W

Suite, Apt. #, etc.

108

City & State

ST PETERSBURG

Zip

FL

Country

33702

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

400004637024--9
-10/15/01--01079--003
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	JANE MERCER MGRM <input type="checkbox"/> Delete
STREET ADDRESS	130 8TH AVE
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE NAME	JEFF MCBRIDE MGRM <input type="checkbox"/> Delete
STREET ADDRESS	130 8TH AVE
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] JANE MERCER

8/31/01

727-576-9597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)