

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90442 009 \*\*\*150.00

**DOCUMENT # L49465**

1. Entity Name

**ICONIX CORPORATION**

Principal Place of Business

Mailing Address

10936 N 56TH ST  
 STE 201  
 TAMPA FL 33617  
 US

P O BOX 82439  
 TAMPA FL 33682-2439  
 US

2. Principal Place of Business

12409 Telecom DR  
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 46774  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tempe Terrace FL

City & State

Tampa, FL

4. FEI Number

59-2992154

Applied For

Not Applicable

Zip

33637

Country

Hillsborough

Zip

33647

Country

Hillsborough

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, BRIAN E.  
 1012 E. HAMILTON AVE.  
 TAMPA FL 33604

7. Name and Address of New Registered Agent

Name Hammond, Brian E.  
 Street Address (P.O. Box Number is Not Acceptable)  
16644 Sweetwater Road  
 City Dade City **FL** Zip Code 33523

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida.

SIGNATURE Brian E. Hammond, Brian E. Hammond, Sec-Treasurer 02 March 2000  
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, 2000 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 IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<del>CLARK R. DOUGLAS</del>	
STREET ADDRESS	<del>1204 E. CRENSHAW AVE.</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<del>HILLERY, RICHARD</del>	
STREET ADDRESS	<del>1904 BRIST AVE.</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	
TITLE	<b>ST.</b>	<input type="checkbox"/> Delete
NAME	<del>HAMMOND BRIAN E.</del>	
STREET ADDRESS	<del>1012 E. HAMILTON AVE.</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P/S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Brian E. Hammond</u>	
STREET ADDRESS	<u>16644 Sweetwater Road</u>	
CITY-ST-ZIP	<u>Dade City, FL 33523</u>	
TITLE	<b>MD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Jeanne Covington</u>	
STREET ADDRESS	<u>12409 Telecom Drive</u>	
CITY-ST-ZIP	<u>Tempe Terrace, FL 33637</u>	
TITLE		<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 lines empowered.

SIGNATURE: Brian E. Hammond Brian E. Hammond 02 March 2000 813-985-2344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)