

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90083 035 ****50.00

DOCUMENT # M02000002573

1. Entity Name

I-CORPS, LLC



Principal Place of Business

**5301 NORTH FEDERAL HIGHWAY, SUITE 190
BOCA RATON FL 33487**

Mailing Address

**5301 NORTH FEDERAL HIGHWAY, SUITE 190
BOCA RATON FL 33487**

2. Principal Place of Business

6001 Broken Sound PKWY

Suite, Apt. #, etc.

510

City & State

BOCA RATON, FLORIDA

3. Mailing Address

P.O. BOX 5081

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

33487

Country

U.S.A.

Zip

33431-0881

Country

U.S.A.

4. FEI Number

41-2059692

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SHEPARD, JONATHAN L
5355 TOWN CENTER ROAD, SUITE 801
BOCA RATON FL 33486**

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KOTTLER, MARK**
STREET ADDRESS **5301 NORTH FEDERAL HIGHWAY, SUITE 190**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **MGR** ☐ Delete
NAME **SIMKUS, MICHAEL**
STREET ADDRESS **3 FIRST NATIONAL PLAZA, #2200**
CITY-ST-ZIP **CHICAGO IL 60602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **KOTTLER, MARK**
STREET ADDRESS **P.O. BOX 5081**
CITY-ST-ZIP **BOCA RATON, FLA 33431-0881**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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 on this report has 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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)