

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90198 033 ***150.00

DOCUMENT # P00000076833**1. Entity Name**
ICON CAPITAL FUNDING, INC.**Principal Place of Business**
19321 US HIGHWAY 19 NORTH
SUITE 505
CLEARWATER FL 33764
Mailing Address
POST OFFICE BOX 3781
CLEARWATER FL 33767**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3668589

Applied For

Not Applicable

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**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

THOMAS GOEBEL

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

19321 US Hwy 19 N.

STE 505

City

CLEARWATER

FL

Zip Code

33764

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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**
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
GOEBEL, THOMAS L
19321 US HIGHWAY 19 NORTH SUITE 505
CLEARWATER FL 33764 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
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CITY-ST-ZIP ☐ Delete**TITLE**
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CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**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 like empowered****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS GOEBEL

Date

4/25/01

Daytime Phone #

727-450-4524

CR2E034 (10/00)