

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90065 002 ***150.00

DOCUMENT # P00000076833 ✓

1. Entity Name

ICON CAPITAL FUNDING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 WINDWARD Pk.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3781

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3668589

Applied For

Not Applicable

Zip

Country

33767 - USA

Zip

Country

33767 - USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS GOEBEL

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

200 WINDWARD PASSAGE

City

CLEARWATER

FL

Zip Code

33767

**DO NOT WRITE
IN THIS SPACE**

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.

THOMAS GOEBEL, President 4/29/02

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
THOMAS GOEBEL
200 WINDWARD PASSAGE
CLEARWATER, FL 33767

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 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, Pres 4/29/02 727-458-4524

Date

Daytime Phone #

CR2E034B (12/01)