

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 28 AM 8:00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000086839 1. Entity Name INCREDIBLY COOL DESIGN, INC.			
Principal Place of Business 806 W. KENNEDY BLVD. TAMPA, FL 33606 US		Mailing Address 806 W. KENNEDY BLVD. TAMPA, FL 33606 US	
2. Principal Place of Business 1605 E. Hillsborough Ave		3. Mailing Address PO Box 17062	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL 33610		City & State Tampa, FL 33612-2062	
Zip		Zip	
Country US		Country US	
4. FEI Number 58-3714689		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRACE, RON MR 18122 GOLDEN CACAO PL LUTZ, FL 33568		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
A. 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 date if applicable. (NOTE: Registered Agents (persons required when submitting) DATE			
8. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO THOMAS, RICKY 806 W. KENNEDY BLVD. TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODWIN, EMERSON 806 W. KENNEDY BLVD. TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/SEC Young, Marilyn 12410 N. Rome Ave Tampa, FL 33612-3302	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tampa, FL 33612-3302	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <u>Ricky Thomas</u>		Ricky Thomas 8/22/03 813-785-6941	



☐ CHECK HERE IF MAKING CHANGES

MRS

FORM 0034 (10/02)

158.75