

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0438768 AV

DOCUMENT # P01000005724

1. Entity Name

ICONIX INTERNATIONAL, INC.

04-01-2002 90042 015 ***150.00

Principal Place of Business

**12409 TELECOM DR
 TEMPLE TERRACE FL 33637**

Mailing Address

**12409 TELECOM DR
 TEMPLE TERRACE FL 33637**



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

59-3691548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HAMMOND, BRIAN E
 12401 TELECOM DR
 TAMPA FL 33637**

7. Name and Address of New Registered Agent

Name **Hammond, Brian E.**

Street Address (P.O. Box Number is Not Acceptable)
12409 Telecom Drive

City **Tampa**

FL

Zip Code **33637**

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

Brian E Hammond

3/21/02

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, 2002 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

TITLE ☒ Delete
 NAME **HAMMOND, BRIAN E**
 STREET ADDRESS **12409 TELECOM DR**
 CITY-ST-ZIP **TAMPA FL 33637**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **P/D Hammond, Brian E**
 STREET ADDRESS **12409 Telecom DR.**
 CITY-ST-ZIP **TAMPA, FL 33637**

TITLE ☐ Change ☒ Addition
 NAME **Managing Director**
 STREET ADDRESS **Jeanne A. Covington**
 CITY-ST-ZIP **1807 Cape Bend AVE. TAMPA, FL 33613**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

Jeanne A. Covington

3/21/02 (813)985-2344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)