

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90410 045 \*\*\*150.00

0486053 AV

DOCUMENT # P02000048601

1. Entity Name  
ICOM TRADE SYSTEM, INC.



Principal Place of Business  
411 CLEVELAND STREET #242  
CLEARWATER FL 33755

Mailing Address  
411 CLEVELAND STREET #242  
CLEARWATER FL 33755



2. Principal Place of Business  
1150 Drew St.  
Suite, Apt. #, etc.

3. Mailing Address  
1150 Drew St.  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
Clearwater  
Zip  
33755  
Country  
US

City & State  
Clearwater  
Zip  
33755  
Country  
US

4. FEI Number  
02-0619711

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

~~CORPORATE CREATIONS NETWORK, INC.~~  
~~941 FOURTH STREET #200~~  
~~MIAMI BEACH FL 33139~~

Name  
Michael Holstein  
Street Address (P.O. Box Number is Not Acceptable)  
1150 Drew St.  
City  
Clearwater  
FL  
Zip Code  
33755

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 Eib  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

13-01-03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. 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  
D  
HOLSTEIN, MICHAEL  
411 CLEVELAND STREET #242  
CLEARWATER FL 33755 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
1150 Drew St  
33755 Clearwater

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PHILLIPS, TERRY  
411 CLEVELAND STREET #242  
CLEARWATER FL 33755 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
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☐ Delete

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

Michael Holstein  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-13-03

CR2E034 (10/02)