

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90066 007 ***150.00

DOCUMENT # P02000052147

1. Entity Name
ICON 3, INC.



Principal Place of Business
**1825 TAMiami TRAIL, UNIT B-3
PORT CHARLOTTE FL 33948**

Mailing Address
**1825 TAMiami TRAIL, UNIT B-3
PORT CHARLOTTE FL 33948**

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

43-2005021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELCHMAN, THOMAS
1825 TAMiami TRAIL, UNIT B-3
PORT CHARLOTTE FL 33948**

Name

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

City

FL

Zip Code

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 *Thomas Welchman*
Signature, typed or printed name of registered agent and title if applicable

THOMAS WELCHMAN PRES

(NOTE: Registered Agent signature required when reinstating)

9-8-2003

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **P** ☐ Delete
NAME **WELCHMAN, THOMAS**
STREET ADDRESS **1825 TAMiami TRAIL, UNIT B-3**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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

TITLE **V** ☐ Delete
NAME **WELCHMAN, LUCILLE**
STREET ADDRESS **1825 TAMiami TRAIL, UNIT B-3**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Thomas Welchman*

CHANGES REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-8-03 941-764-5800

CR2E034 (4/03)

attachment



NEXTWAVE COMPUTERS

801416494
#P02000052147

08 September 2003

To Whom it may concern,

As provided in the "Frequently Asked Questions" section of the Uniform Business Report (UBR), I am requesting that the late fee be waived. My corporation did not receive any UBR notifications before the late notification. Unfortunately, due to the retirement of our on-staff bookkeeper and also to the fact that we moved the physical location of the corporation, I believe that the original notification never reached my company.

Thank you again for waiving the late fees. Please feel free to contact myself for any questions you may have.

Sincerely,

Thomas Welchman, President
Icon 3, Inc.