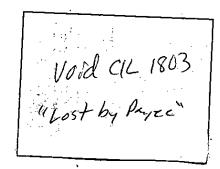
2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

DOCUMENT # P93000065716 Aug 24, 2000 8:00 am Secretary of State 1. Entity Name ICES GROUP, INC. 08-24-2000 90030 034 ***150.00 Principal Place of Business Mailing Address 9331 FOWLER AVENUE E. P.O. BOX 290183 TAMPA FL 33687-0183 THONOTOSASSA FL 33592 3. Mailing Address 2. Principal Place of Susinees DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3266954 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KELLY, KURTIS K 8607 ANGLERS POINT DR. **TEMPLE TERRACE FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** мау Ве After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition Delete TITLE KELLY, KURTIS K NAME NAME STREET ADDRESS STREET ADDRESS 8607 ANGLERS POINT DR. CITY-ST-ZIP CITY-ST-7IP TEMPLE TERRACE FL 33637 ☐ Addition TITLE ☐ Change TITLE ☐ Delete MAGGARD, GRADY E NAME NAME STREET ADDRESS 37518 GEIGER RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33541 ☐ Change Addition ☐ Delete TITLE TITLE SIEGLE, JACK R. NAME NAME 13225 110TH AVE. NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP ☐ Addition Change TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Attachment 2004: P93000005716



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