

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90038 034 ***150.00

DOCUMENT # P94000069480

1. Entity Name

ICON LASER TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

231 CANTERCLUB TR
 LONGWOOD FL 32779
 US

231 CANTERCLUB TR
 LONGWOOD FL 32779-4506
 US

2. Principal Place of Business

3. Mailing Address

6239 EDGEWATER DR

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32810

USA

4. FEI Number **59-3283490**

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

LOCKMAN
LUCKMAN, WILLIAM J.
231 CANTERCLUB TR-
LONGWOOD FL 32779

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **TD**
CLAYSON, FRANK J
 STREET ADDRESS **1030 PIEDMONT LAKES BLVD.**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
LOCKMAN, WILLIAM J
 STREET ADDRESS **231 CANTERCLUB TRAIL**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
SHAFFER, WAYNE K
 STREET ADDRESS **16 KATSURA CT.**
 CITY-ST-ZIP **PENFIELD NY 14526**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 fees empowered.

SIGNATURE: William J. Lockman _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

C-004-00000000