

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91388 029 ***150.00

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DOCUMENT # P94000075661

1. Entity Name
I-CON SYSTEMS, INC.



Principal Place of Business
1724 W. BROADWAY
OVIEDO FL 32765
US

Mailing Address
1724 W. BROADWAY
OVIEDO FL 32765
US



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 59-3272931

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

BUSH, SHAWN D
3065 LOWERY DR
OVIEDO FL 32765

Name **Bush, Shawn**
Street Address (P.O. Box Number is Not Acceptable) **2513 Seabrook St**
City **ORLANDO** FL Zip Code **32828**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BUSH, SHAWN D**
STREET ADDRESS **3065 LOWERY DR**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D** ☒ Change ☐ Addition
NAME **Bush, Shawn D**
STREET ADDRESS **2513 Seabrook St**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **D** ☒ Delete
NAME **BUSH, DONALD**
STREET ADDRESS **12305 SHADY SPRINGS WAY**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Jennifer Bush Bush, Jennifer**
STREET ADDRESS **2513 Seabrook St**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **D** ☒ Delete
NAME **MALONE, DENNIS**
STREET ADDRESS **7425A DANIEL WEBSTER**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ Change ☒ Addition
NAME **Bush, Joyce**
STREET ADDRESS **12305 Shady Springs Way**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 APR 03
Date

407-365-6241
Daytime Phone #

CR2E034 (10/02)