

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90076 009 \*\*\*150.00

**DOCUMENT # P94000080646**

1. Entity Name

**INTERNATIONAL CREATIVE CONCEPTS, INC.**

Principal Place of Business

**985 STORYBOOK LANE  
 OVIEDO FL 32765**

Mailing Address

**985 STORYBOOK LANE  
 OVIEDO FL 32765**

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

**59-3275257**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, H. CLAY IV  
 108 E HILLCREST ST  
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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

*H. Clay Parker IV*  
 Signature, typed or printed name of registered agent and title if applicable.

**H. CLAY PARKER IV**

(NOTE: Registered Agent signature required when reinstating)

**4/15/02**  
 DATE

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, 2002 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

TITLE **D** ☐ Delete  
 NAME **BAXTER, DOUGLAS J**  
 STREET ADDRESS **985 STORYBOOK LANE**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **VP** ☐ Delete  
 NAME **BAXTER, TRACY E**  
 STREET ADDRESS **985 STORY BOOK LN**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **VP** ☐ Delete  
 NAME **FRANK V SLOAN**  
 STREET ADDRESS **510 KELLY GREEN ST**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **SEC + TREASURER** ☐ Delete  
 NAME **CINDY SLOAN**  
 STREET ADDRESS **510 KELLY GREEN ST**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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 of the state 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 address, with all other like empowered.

SIGNATURE:

*Douglas J. Baxter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02**  
 Date

**407 366-5151**  
 Daytime Phone #

CR2E034 (9/01)