2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **P95000031055**

1. Entity Name
ICONICS, INC.

Principal Place of Business	Mailing Address
213 STELLAR CT.	P.O. BOX 1817
PONTE VEDRA BEACH 32	PONTE VEDRA BEACH 32
32082 US	32004 US

2. Principal Place of Business	3. Mailing Address
829 EAGLE PT DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SAINT AUGUSTINE FL	City & State
Zip: 32092 Country: US	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3311066** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER JACK
213 STELLAR CT.
PONT VEDRA BCH FL
32082 US

7. Name and Address of New Registered Agent

Name
PARKER JACK
Street Address (P.O. Box Number is Not Acceptable)
P. O. BOX 1817
City
PONTE VEDRA BCH **FL** Zip Code 32004

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 **JACK PARKER** 04/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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	S	☐ Delete	TITLE	S	☒ Change ☐ Addition
NAME	PARKER JACK S		NAME	PARKER JACK S	
STREET ADDRESS	213 STELLAR CT.		STREET ADDRESS	829 EAGLE PT DR	
CITY-ST-ZIP	PONTE VEDRA BEACH		CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	PARKER MELODY M		NAME	PARKER MELODY M	
STREET ADDRESS	213 STELLAR CT.		STREET ADDRESS	829 EAGLE PT DR	
CITY-ST-ZIP	PONTE VEDRA BEACH		CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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.

SIGNATURE: Jack Parker S 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #