

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057051

1. Entity Name

ICON MARKETING COMMUNICATIONS, INC.

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90001 023 ***550.00

Principal Place of Business

129 NORTH FORT HARRISON
CLEARWATER FL 33755
US

Mailing Address

129 NORTH FORT HARRISON
CLEARWATER FL 33755
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1628

Suite, Apt. #, etc.

Suite, Apt. #, etc.

418 Grand Pk Dr STE 321

City & State

City & State

Parkersburg, WV

Zip

Country

Zip

Country

26101

Wood

4. FEI Number

59-3326051

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

KEATON, KAREN S
111 2ND AVENUE
SUITE 620
ST. PETERSBURG FL 33731

Name

Joanne Jacob

Street Address (P.O. Box Number is Not Acceptable)

129 North Fort Harrison

City

Clearwater,

FL

Zip Code

33755

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVSD
MUNHOLLAND, WILLIAM A
979 RIDGEWOOD TERRACE
TARPOON SPRINGS FL 34689 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T
James Fankhauser
655 Metro Place So Ste 700
Dublin, OH 43017 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
C. Renee Lessig
418 Grand Park Dr Ste 321
Parkersburg, WV 26101 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Dawn Taft
840 Jefferson Place
Shreveport, LA 71104 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-00

Date

Daytime Phone #

CR2E034 (5/00)