

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90707 022 ***150.00

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DOCUMENT # P95000090289

1. Entity Name
INDEPENDENT COMPUTER ASSOCIATES, INC.

Principal Place of Business
4068 LIGUSTRUM DR
PALM HARBOR FL 34685
US

Mailing Address
4068 LIGUSTRUM DR
PALM HARBOR FL 34685
US



2. Principal Place of Business
3637 NEW CASTLE CT.

3. Mailing Address
3637 NEW CASTLE CT.

Suite, Apt. #, etc.
BLOG 6, #203

Suite, Apt. #, etc.
BLOG 6, #203

City & State
PALM HARBOR FL

City & State
PALM HARBOR FL

4. FEI Number
65-0625603

Applied For
 Not Applicable

Zip
34685

Country
USA

Zip
34685

Country
USA

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

6. Name and Address of Current Registered Agent

COX, EDWIN.DAVID
40689 LIGUSTRUM DR
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name
COX, EDWIN DAVID

Street Address (P.O. Box Number is Not Acceptable)
3637 NEW CASTLE CT.

BLOG 6, #203

City
PALM HARBOR

FL

Zip Code
34685

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]

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

(NOTE: Registered Agent signature required when reinstating)

[Signature]
 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 ☐ Delete
 NAME **D COX, EDWIN DAVID**
 STREET ADDRESS **4068 LIGUSTUM DR**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Delete
 NAME **D COX, CHERYL**
 STREET ADDRESS **4068 LIGUSTRUM DR**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **D COX, EDWIN DAVID**
 STREET ADDRESS **3637 NEW CASTLE CT. BLOG 6 #203**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Change ☐ Addition
 NAME **D COX, CHERYL**
 STREET ADDRESS **3637 NEW CASTLE CT. BLOG 6 #203**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

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
 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 like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-939-8301

CR2E034 (9/01)