

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90200 013 ***150.00

0566709 AV

DOCUMENT # P95000090289

1. Entity Name

INDEPENDENT COMPUTER ASSOCIATES, INC.



Principal Place of Business

**3637 NEW CASTLE COURT
BLDG. 6, #203
PALM HARBOR FL 34685
US**

Mailing Address

**3637 NEW CASTLE COURT
BLDG. 6, #203
PALM HARBOR FL 34685
US**

2. Principal Place of Business

4923 Quill Court

Suite, Apt. #, etc.

3. Mailing Address

4923 Quill Court

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34685

Country

USA

Zip

34685

Country

USA

4. FEI Number

65-0625603

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

COX, EDWIN DAVID

3637 NEW CASTLE COURT

BLDG. 6.#203

PALM HARBOR FL 34685

NEW Address

7. Name and Address of New Registered Agent

Name:

COX, EDWIN DAVID

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

4923 Quill Court

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. 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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **COX, EDWIN DAVID**
STREET ADDRESS **3637 NEW CASTLE COURT, BLDG.6-206**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **D** ☐ Delete
NAME **COX, CHERYL**
STREET ADDRESS **3637 NEW CASTLE COURT, BLDG.6-203**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **COX, EDWIN D.**
STREET ADDRESS **4923 Quill Court**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **D** ☒ Change ☐ Addition
NAME **COX, CHERYL**
STREET ADDRESS **4923 Quill Court**
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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)