

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90115 001 ***300.00

MAAFCR AV

DOCUMENT # P96000005049

1. Entity Name
INTERNET COMMERCIAL ADVANTAGE, INC.

Principal Place of Business
 1100 16 STREET NORTH
 SAINT PETERSBURG FL 33705

Mailing Address
 1100 16 STREET NORTH
 SAINT PETERSBURG FL 33705

2. Principal Place of Business
 3 COUNTRY CLUB DR.
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 1305
 Suite, Apt. #, etc.

City & State
 LARGO FL

City & State
 LARGO FL

Zip
 33771

Country
 U.S.

Zip
 33779-1305

Country

4. FEI Number
 59-3359363

Applied For
☐ Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 STAACK, JAMES A
 121 NORTH OSCEOLA AVE
 PUNTA GORDA FL 33955

7. Name and Address of New Registered Agent
 Name
 STRACH, JAMES A.
 Street Address (P.O. Box Number is Not Acceptable)
 900 DREW STREET
 City
 CLEARWATER FL Zip Code
 34655

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 JAMES A. STAACK [Signature] 04/23/02
 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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	STRAACH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWITTY, THOMAS J		NAME	3 COUNTRY CLUB DR.	
STREET ADDRESS	X3 COUNTRY CLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWITTY, LINDA J		NAME	3 COUNTRY CLUB DR.	
STREET ADDRESS	X3 COUNTRY CLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] 4/19/02 727 588-2412
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)