

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90353 047 \*\*\*150.00

0382830 AV

**DOCUMENT # P96000007071**

1. Entity Name  
**ICOM TECHNOLOGIES OF FLORIDA, INC.**



Principal Place of Business  
**11780 U.S. HIGHWAY ONE  
SUITE 300  
N PALM BEACH FL 33408**

Mailing Address  
**2345 OKEECHOBEE BLVD  
WEST PALM BEACH FL 33409**



2. Principal Place of Business

**515 N. FLAGLER DRIVE  
SUITE 808**

3. Mailing Address

**515 N. FLAGLER DRIVE  
SUITE 808**

☒ CHECK HERE IF MAKING CHANGES

City & State

**WEST PALM BEACH, FL**

City & State

**WEST PALM BEACH, FL**

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**

4. FEI Number **63-0637574**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES, INC.  
11780 U.S. HIGHWAY ONE  
SUITE 300  
N PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code **33401**

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 **DPS** ☐ Delete  
NAME **CUILLO, ROBERT S**  
STREET ADDRESS **2345 OKEECHOBEE BLVD**  
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **T** ☐ Delete  
NAME **HOTARY, MICHAEL**  
STREET ADDRESS **2345 OKEECHOBEE BLVD**  
CITY-ST-ZIP **W PALM BEACH FL**

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 **DPS** ☒ Change ☐ Addition  
NAME **CUILLO, ROBERT S.**  
STREET ADDRESS **515 N. FLAGLER DRIVE STE 808**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **T** ☒ Change ☐ Addition  
NAME **HOTARY, MICHAEL**  
STREET ADDRESS **515 N. FLAGLER DRIVE STE 808**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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:**

**REQUIRE MICHAEL HOTARY 43003 561-478-4990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)