2002 UNIFORM BUSINESS REPORT (UBR)

Jul 30, 2002 8:00 am Secretary of State DOCUMENT # P96000046554 1. Entity Name 07-30-2002 90379 043 ***150.00 I C SOLUTIONS, INC. Principal Place of Business Mailing Address 80 SYCAMORE, CT **80 SYCAMORE CT** PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3383473 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLAKEY, MARK A Street Address (P.O. Box Number is Not Acceptable) **80 SYCAMORE COURT** PALM HARBOR FL 34683 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition BLAKEY, MARK A NAME STREET ADDRESS **80 SYCAMORE COURT** STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 of 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

FILED

CR2E034 (4/02)

Attachment + P96000046554 JULY 25, 2002 123153

STATE OF FLORIDA

DIVISION OF CORPORATIONS

RE: 2002 UNIFORM BUSINESS REPORT DOC # P96000046554 FOR 1C SOLUTIONS, INC.

TO WHOM IT MAY CONCERN;

I DID NOT RECIEVE ANY NOTICE PRIOR TO THE

ONE THAT IS ENCLOSED. PER ITEM #8 OF THE

F.A. Q'S THAT ACCOMPANIED THIS FORM, I AM

INCLUMING THIS LETTER OF EXPLANATION ALONG

WITH THE ORIGINAL #1500 FILING FEE (CR#6664)

IN THE SIX YEARS OF BOING IN BUSINESS, THIS 15 THE FIRST TIME I HAVE NOT RECIEVED THE REGULAR FIRST NOTICE.

THANK YOU FOR YOUR CONSIDERATION.

Marle S. Blaley

MARK A. BLAKEY, PRESIDENT IC SOLUTIONS, INC. BO SYCAMORE CT.

PALM HARBOR, FL 34683

727-786-1654