

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90013 004 ***558.75

DOCUMENT # **P97000075446**

1. Entity Name
ICOM SOFTWARE, INC.



Principal Place of Business Mailing Address
1219 12TH CT **P.O. BOX 2166**
JUPITER FL 33477 **W. PALM BEACH FL 33402**

2. Principal Place of Business 3. Mailing Address
2525 Lake Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
316

City & State City & State
Riviera Beach
 Zip Country Zip Country
33404 **Palm Beach**

4. FEI Number Applied For
23-2725296 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
GOULET, STEVEN
1219 12TH CT
JUPITER FL 33477

7. Name and Address of New Registered Agent
 Name **Goulet, Steven**
 Street Address (P.O. Box Number is Not Acceptable) **2525 Lake Drive #316**
 City **Riviera Beach** FL Zip Code **33404**

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 *Steven Goulet* **STEVEN GOULET** **9/1/00** **PVTS DCM**
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.
FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PVTS GOULET, STEVEN 1219 12TH COURT JUPITER FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS Goulet, Steven 2525 Lake Drive #316 Riviera Beach, FL 33404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Steven Goulet* **STEVEN GOULET** **9/1/00** **561-841-7010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)