

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90539 021 ***150.00

FLA0001 AV

DOCUMENT # P98000064602

1. Entity Name
ICON INVESTIGATIONS INC.



Principal Place of Business
**3405 BLOOMINGDALE OAKS CT.
VALRICO FL 33594**

Mailing Address
**3405 BLOOMINGDALE OAKS CT.
VALRICO FL 33594**



2. Principal Place of Business
3811 NARROW WAY RD
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2157
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
VALRICO FL.

City & State
VALRICO FL.

4. FEI Number **59-3535194**

Applied For
 Not Applicable

Zip Country
33594 USA

Zip Country
33595 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARD, TIMOTHY G
3405 BLOOMINGDALE OAKS CT.
VALRICO FL 33594**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, TIMOTHY G	
STREET ADDRESS	3405 BLOOMINGDALE OAKS CT.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	V	<input type="checkbox"/> Delete
NAME	DONN S. WARD	
STREET ADDRESS	3405 BLOOMINGDALE OAKS CT.	
CITY-ST-ZIP	VALRICO FL. 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, Debra	
STREET ADDRESS	3811 NARROW WAY RD.	
CITY-ST-ZIP	VALRICO FL. 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **President** **4/18/03** **813-643-7797**
Date Daytime Phone #

CR2E034 (10/02)