

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90003 051 ***150.00

0145288 SP

DOCUMENT # P99000019115

1. Entity Name

ICON MORTGAGE CORP.

Principal Place of Business

**5824 U.S. 19 #A
NEW PORT RICHEY FL 34652**

Mailing Address

**5824 U.S. 19 #A
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3561932

Applied For

Not Applicable

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

WHEATLEY, LINDA L

5824 U.S. 19 #A

NEW PORT RICHEY FL 34652

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.

SIGNATURE

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 \$550.00
After September 12, 2001 Fee 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 ☐ Delete
NAME **D**
STREET ADDRESS **WHEATLEY, LINDA L**
CITY-ST-ZIP **5824 U.S. 19 #A
NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Linda L Wheatley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/01

722-848-2989

CR2E034 (5/01)

Attachment # P99 000019115
A0078678

ICON MORTGAGE CORP
5824 US 19
NEW PORT RICHEY, FL 34652
JULY 9, 2001

DIVISIONS OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: 2001 UNIFORM BUSINESS REPORT

DEAR SIR OR MADAM

I HAVE ENCLOSED THE ANNUAL REPORT FOR 2001. I NEVER RECEIVED THE 1ST
PREPRINTED REPORT FOR THIS REASON I AM ENCLOSING A CHECK IN THE AMOUNT OF
\$150.00. THIS IS THE SECOND YEAR THAT THIS HAS HAPPENED. I WISH TO HAVE THE
PENALTY ABATED FOR THE ABOVE REASON. I APPRECIATE YOUR PROMPT ATTENTION TO
THIS MATTER.

SINCERELY,

LINDA L WHEATLEY
PRESIDENT

STATE OF FLORIDA
TALLAHASSEE

2001-07-09