

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90378 034 ***150.00

DOCUMENT # P99000052315

1. Entity Name
INTERNATIONAL COMMUNICATIONS GROUP CORPORATION



Principal Place of Business
4518 CLEMENTS RD
LAKELAND FL 33811

Mailing Address
4518 CLEMENTS ROAD
LAKELAND FL 33811

2. Principal Place of Business
5602 Recker Highway

3. Mailing Address
5602 Recker Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Haven, FL

City & State
Winter Haven, FL

4. FEI Number **59-3582958**

Applied For
Not Applicable

Zip **33880** **Country** **USA**

Zip **33880** **Country** **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

FENTON, BAXTER S
1147 EDGEWOOD DR. EAST
LAKELAND FL 33803

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 _____ 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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	FENTON, B S	
STREET ADDRESS	1147 EDGEWOOD DR E	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FENTON, JUDY A	
STREET ADDRESS	1147 EDGEWOOD DR E	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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: *Baxter S. Fenton* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date

Daytime Phone #

CR2E034 (10/02)