

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90112 024 ***158.75

DOCUMENT # P99000071706

1. Entity Name

ICON STRATEGIES GROUP, INC.

Principal Place of Business

9460 DELEGATES DRIVE
 ORLANDO FL 32837

Mailing Address

9460 DELEGATES DRIVE
 ORLANDO FL 32837

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

59-3595593

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, TAMI SUE
 9460 DELEGATES DRIVE
 ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

Webster, Tami Sue

Street Address (P.O. Box Number is Not Acceptable)

221 Hartwig Court

City

Orlando

FL

Zip Code

32824

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

Tami Sue Webster, President

4/15/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WEBSTER, TAMI SUE
 CITY-ST-ZIP 9460 DELEGATES DRIVE
 ORLANDO FL 32837

TITLE ☒ Delete
 NAME D
 STREET ADDRESS WEBSTER, WILLIAM G
 CITY-ST-ZIP 9460 DELEGATES DRIVE
 ORLANDO FL 32837

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: x

Tami Sue Webster
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 (407) 855-4321

CR2E034 (9/01)