FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2004 8:00 am
Secretary of State
05-20-2004 90004 018 ***150.00

DOCUMENT # P99000109209

1. Entity Name
IC Business Centers, Inc

DO NOT WRITE IN THIS SPACE

44045610

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2. Principal Place of Business	3. Mailing Address
2500 Quantum Lakes Dr.	2500 Quantum Lakes Dr.
Suite, Apt. #, etc. #203	Suite, Apt. #, etc. #203
City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip 33426 Country USA	Zip 33426 Country USA

4. FEI Number 65-1004524 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Fostoff, Cliff
Street Address (P.O. Box Number(s) Not Acceptable): 2500 Quantum Lakes Dr #203
City: Boynton Beach FL Zip Code: 33426

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: Cliff Fostoff 5/17/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	Cliff Fostoff
STREET ADDRESS	2500 Quantum Lakes Dr # 203
CITY-ST-ZIP	Boynton Bch, FL 33426
TITLE	V. President
NAME	Ilene Fostoff
STREET ADDRESS	2500 Quantum Lakes Dr #203
CITY-ST-ZIP	Boynton Bch, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cliff Fostoff President CLIFF Fostoff 5/17/04 561-853-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #