

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90106 009 \*\*\*150.00

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DOCUMENT # **V08296**

1. Entity Name  
**ICORR PROPERTIES INC.**



Principal Place of Business  
**2 NO TAMiami TR  
STE 210  
SARASOTA FL 34236  
US**

Mailing Address  
**2 NO TAMiami TRAIL  
STE 210  
SARASOTA FL 34236  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0314218**

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BLACK, IAN  
2 NO TAMiami TR  
STE 210  
SARASOTA FL 34236~~

*delete.*

Name **Ron H. Wolf % ICORR**

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

**2 N. Tamiami Trail Ste 210**

City **Sarasota**

**FL**

Zip Code **34236**

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

**Ron H. Wolf**

**3-31-03**

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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C**  Delete  
NAME **WOLF, NORTON**  
STREET ADDRESS **700 RICHMOND STREET, STE. 410**  
CITY-ST-ZIP **LONDON, ONTARIO, CAN**

TITLE **A.V.P.**  Change  Addition  
NAME **NANCY L. Yates**  
STREET ADDRESS **2 N. Tamiami Trail Ste 210**  
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **PS**  Delete  
NAME **WOLF, RON**  
STREET ADDRESS **2N. TAMiami TR., STE. 210**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **A.V.P.**  Change  Addition  
NAME **Joan Hall**  
STREET ADDRESS **700 Richmond Street Ste 410**  
CITY-ST-ZIP **London, ONTARIO CAN N6A5C7**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  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 REQUIRED**

**Ron H. Wolf**

**4/1/2003**

Date

Daytime Phone #

CR2E034 (10/02)