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

changed, or on an attachment with an addre

SIGNATURE AND TYPED O

SIGNATURE:

## Apr 30, 2003 8:00 am § Secretary of State **DOCUMENT #** V08296 04-30-2003 90106 009 \*\*\*150.00 1. Entity Name ICORR PROPERTIES INC. Principal Place of Business Mailing Address 2 NO TAMIAMI TR 2 NO TAMIAMI TRAIL STE 210 STE 210 SARASOTA FL 34236 SARASOTA FL 34236 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0314218 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 2 NO TAMIAMI TR amiami **STE 210** Trail SARASOTA FL 34236 arasota 8. The above named entity submits this state per 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 age SIGNATURE Signature, types or printer agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change TITLE Delete NANCY L. Yates 2N. Tamiami Trail Ste 210 NAME WOLF, NORTON NAME STREET ADDRESS 700 RICHMOND STREET, STE. 410 STREET ADDRESS Sarasota, FL CITY-ST-ZIP CITY-ST-ZIP LONDON, ONTARIO, CAN AVP. Addition Delete TITLE TITLE NAME WOLF, RON NAME Joan Hall 700 Richmond Street STREET ADDRESS STREET ADDRESS 2N. TAMIAMI TR., STE. 210 CITY-ST-7IP SARASOTA FL 34236 CITY-ST-7IP ONTARIO ☐ Change TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an attachment with an address with a different with a chapter of the corporation of the corporation or the receiver of the corporation of the corporation

RON HWOIF 4/1/2003

Daytime Phone #