

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V40352

1. Entity Name  
ICOT CENTER, INC.

Principal Place of Business

13925 58 ST N  
CLEARWATER FL 33760  
US

Mailing Address

13925 58 ST N  
CLEARWATER FL 33760  
US

2. Principal Place of Business

13630 58TH STREET NORTH

3. Mailing Address

13630 58TH STREET NORTH

Suite, Apt. #, etc.

SUITE 106

Suite, Apt. #, etc.

SUITE 106

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33760

Country

Zip

33760

Country

4. FEI Number 59-3126444

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, DENNIS W  
13925 58TH STREET NORTH  
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name

A.J. MUSIAL, JR.

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

ONE URBAN CENTRE, SUITE 750

4830 W. KENNEDY BOULEVARD

City

TAMPA

FL

Zip Code

33609

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P H-HELMUT, RADTKE 13925 58TH STREET NORTH CLEARWATER FL 33760	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIERZWINSKI, GREGORY E 13925 58TH STREET NORTH CLEARWATER FL 33760	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, DENNIS W 13925 58TH STREET NORTH CLEARWATER FL 33760	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P H-HELMUT, RADTKE 13925 58TH STREET NORTH CLEARWATER FL 33760	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13630 58TH STREET NORTH, SUITE 106	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13630 58TH STREET NORTH, SUITE 106	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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:

H - H. Radtke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (727) 531-6880

Date

Daytime Phone #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90089 049 \*\*\*158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)