

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000162834

**Entity Name:** ICS LEASING, INC.

**Current Principal Place of Business:**

110 PINELLAS WAY NORTH,  
ST PETE, FL 33710

**Current Mailing Address:**

P O BOX 66442  
ST PETE BEACH, FL 33736-6442 US

**FEI Number:** 75-3178376

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAYLAN, CHRISTINA M.D.  
110 PINELLAS WAY NORTH,  
ST PETE, FL 33710 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PAYLAN, CHRISTINA  
Address P O BOX 66442  
City-State-Zip: ST PETE BEACH FL 33736-6442

Title S  
Name PAYLAN, LIDA  
Address P O BOX 66442  
City-State-Zip: ST PETE BEACH FL 33736-6442

Title T  
Name PAYLAN, ANTRANIK  
Address P O BOX 66442  
City-State-Zip: ST PETE BEACH FL 33736-6442

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTINA PAYLAN

DIR

04/29/2018

Electronic Signature of Signing Officer/Director Detail

Date