2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State
04-22-2003 90051 007 ***150.00

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DOCUMENT # P98000031674

1. Entity Name
I.C. TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
~~5815 LAGUNA WOODS COURT~~ 13014 N. DALE MABRY #266	~~5815 LAGUNA WOODS COURT~~
~~TAMPA FL 33625~~ TAMPA FL 33618	~~TAMPA FL 33625~~ 4465 E. GENESEE ST PMB 253 DEWITT NY 13214

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
13014 N. DALE MABRY		4465 E. GENESEE ST	
Suite, Apt. #, etc. #266		Suite, Apt. #, etc. #253	
City & State TAMPA, FL		City & State DEWITT NY	
Zip 33618	Country U.S.	Zip 13214	Country U.S.

4. FEI Number 59-3504970 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STERKOWSKI, BERNANO R	Name
13014 N. DALE ~~MASUR~~ HWY #266 Mabry	Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33618	City FL Zip Code

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 ____________________
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	D ☐ Delete	TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	ANTONACCI, STEVE	NAME	STEVEN ANTONACCI
STREET ADDRESS	~~5815 LAGUNA WOODS COURT #46~~	STREET ADDRESS	4465 E. GENESEE ST, PMB 253
CITY-ST-ZIP	~~TAMPA FL 33625~~	CITY-ST-ZIP	DEWITT NY 13214
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 [signature] President 4/15/2003 8005542832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)