

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90010 022 ***150.00

DOCUMENT # P00000028688

1. Entity Name

ICEBREAKERS INTERNATIONAL, INC.

Principal Place of Business

**3956 TOWN CENTER BLVD #157
 ORLANDO FL 32837**

Mailing Address

**3956 TOWN CENTER BLVD #157
 ORLANDO FL 32837**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3603 6346

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRAVES, DONNA L
 120 E CONCORD ST
 ORLANDO FL 32801**

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MALLEGHEM, JIMMY V	
STREET ADDRESS	3956 TOWN CENTER BLVD #157	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAZZARO, JULIE	
STREET ADDRESS	3956 TOWN CENTER BLVD #157	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	COE, ALEXANDER P	
STREET ADDRESS	THE CLOCKHOUSE HENLEY PARK	
CITY-ST-ZIP	OXON ENGLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIGWEED, THOMAS J	
STREET ADDRESS	15 AMHERST RD HASTINGS	
CITY-ST-ZIP	EAST SUSSEX ENGLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie Mazzaro

4/16/01

(407)826-0467

CR2E034 (10/00)