

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 328014

1. Entity Name

ICARE INDUSTRIES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90125 043 ***150.00

Principal Place of Business 4399 35TH STREET, NORTH P.O. BOX 84000 ST PETERSBURG FL 33714	Mailing Address 4399 35TH STREET, NORTH P.O. BOX 84000 ST PETERSBURG FL 33714-3717
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1208811	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAYNE, JOHN W
4399 35TH STREET NORTH
ST PETERSBURG FL

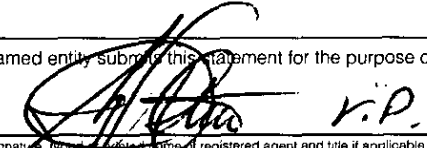
7. Name and Address of New Registered Agent

Name
STANKIEWICZ, CY

Street Address (P.O. Box Number is Not Acceptable)
4399 35TH STREET NORTH

City
ST. PETERSBURG FL Zip Code
33714

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  v.i.p. 04/17/00
Signature (Typed 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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVENS, ROBERT E 9180 60 ST N PINELLAS PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAYNE, J. SCOTT 14 BELLEVUE DR TREASURE ISLAND FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STANKIEWICZ, CY 3804 - 46TH AVE., S. ST PETE, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOTTA, JOSEPH 512 JOHNS PASS AVE MADEIRA BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAYNE, JOHN W 68 DOLPHIN DR TREASURE ISL, FL 00000 <input checked="" 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	VS PAYNE, JEFFREY T. 4399 35TH ST NORTH ST. PETERSBURG, FL 33714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **CY STANKIEWICZ** 04/17/00 727-812-3008
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #