

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90123 048 ***150.00

CR2E034 (9/01) AV

DOCUMENT # 328014

1. Entity Name
ICARE INDUSTRIES, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1208811**

Applied For
 Not Applicable

Zip Country

Zip Country

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

STANKIEWICZ, CY
4399 35TH STREET NORTH
SAINT PETERSBURG FL 33714

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 _____ (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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V	STEVENS, ROBERT E	9180 60 ST N	PINELLAS PARK FL	<input type="checkbox"/>	<input type="checkbox"/>
PD	PAYNE, J. SCOTT	14 BELLEVUE DR	TREASURE ISLAND FL	<input type="checkbox"/>	<input type="checkbox"/>
VT	STANKIEWICZ, CY	3804 - 46TH AVE., S.	ST PETE, FL 00000	<input type="checkbox"/>	<input type="checkbox"/>
V	MOTTA, JOSEPH	512 JOHNS PASS AVE	MADEIRA BCH FL	<input type="checkbox"/>	<input type="checkbox"/>
V	PAYNE, JEFFREY T	4399 35TH ST N	SAINT PETERSBURG FL 33714	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

Signature: STANKIEWICZ *Date: 4/12/02* *Phone: 727 812 3008*