

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90006 026 \*\*\*550.00

**DOCUMENT # F01000004444**

1. Entity Name  
**I.C.E. CONSULTANTS U.S., INC.**

Principal Place of Business

**15 MADISON AVENUE  
TORONTO  
ONTARIO, CANADA M5R 2S2**

Mailing Address

**15 MADISON AVENUE  
TORONTO  
ONTARIO, CANADA M5R 2S2**

2. Principal Place of Business

**19 Charlotte St.**

Suite, Apt. #, etc.  
**300**

City & State  
**Toronto, Ontario**

Zip  
**M5V 2H5**

Country  
**CANADA**

3. Mailing Address

**19 Charlotte St.**

Suite, Apt. #, etc.  
**300**

City & State  
**Toronto, Ontario**

Zip  
**M5V 2H5**

Country  
**CANADA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-4016193**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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**

TITLE **PT** ☐ Delete  
NAME **LEWIS, SIMON J**  
STREET ADDRESS **15 MADISON AVE.**  
CITY-ST-ZIP **TORONTO ONTARIO CANADA**

TITLE **CSD** ☐ Delete  
NAME **WRIGHT, EVAN**  
STREET ADDRESS **15 MADISON AVE.**  
CITY-ST-ZIP **TORONTO ONTARIO CANADA**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **19 Charlotte St. #300**  
CITY-ST-ZIP **Toronto, Ontario, Canada**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **19 Charlotte St. #300**  
CITY-ST-ZIP **Toronto, Ontario, Canada**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**July 19/02 416-921-0831**  
Date Daytime Phone #

CP2E034 (4/02)