

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J97009

1. Entity Name

IKAM, INC.

Principal Place of Business

19029 US HWY 19 N
CLUBHOUSE
CLEARWATER FL 33764
US

Mailing Address

P.O. BOX 40925
ST. PETERSBURG FL 33743-0925
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 40925
Suite, Apt. #, etc.

P.O. Box 40925
Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL.

City & State
ST. PETERSBURG, FL.

Zip
33743

Country
U.S.A.

Zip
33743

Country
U.S.A.

6. Name and Address of Current Registered Agent

SHAW, MARLENE S
19029 US HWY 19 N
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name
Marlene S. Shaw
Street Address (P.O. Box Number is Not Acceptable)
5732 23rd Ave S
City
Gulfport FL Zip Code
33707

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
Marlene S. Shaw

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

(NOTE: Registered Agent signature required when reinstating)

3/17/2000
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

2

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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
SHAW, MARLENE S
5732 23 AVE S
GULFPORT FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SHAW, MARLENE S
5732 23 AVE S.
GULFPORT FL 33707 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/2000

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90006 046 ***150.00



DO NOT WRITE IN THIS SPACE