

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90006 037 *****50.00

0036622

DOCUMENT # L00000009625

1. Entity Name

CICO OF IDAHO, LLC.

Principal Place of Business

**12828 YACHT CLUB CIRCLE
 FORT MYERS FL 33919**

Mailing Address

**12828 YACHT CLUB CIRCLE
 FORT MYERS FL 33919**

2. Principal Place of Business

830 Deep Lagoon Lane
 Suite, Apt. #, etc.

3. Mailing Address

830 Deep Lagoon Lane
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Myers FL

City & State

Fort Myers, FL

4. FEI Number

87-0660494

Applied For

Not Applicable

Zip

33919

Country

Lee

Zip

33919

Country

Lee

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NIPPER, DAVID E
 12828 YACHT CLUB CIRCLE
 FORT MYERS FL 33919**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MEM** ☐ Delete
 NAME **NIPPER, DAVID E**
 STREET ADDRESS **12828 YACHT CLUB CIRCLE**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **MEM** ☐ Delete
 NAME **NIPPER, BETTY J**
 STREET ADDRESS **12828 YACHT CLUB CIRCLE**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Betty J. Nipper **2/8/02** **941-437-3421**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)