

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90003 033 ***558.75

DOCUMENT # L62798

1. Entity Name
IGUANA MIA, INC.



Principal Place of Business: 1027 CAPE CORAL PKWY, CAPE CORAL FL 33904
 Mailing Address: 1027 CAPE CORAL PKWY, CAPE CORAL FL 33904

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0187651**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

ATHERTON, MICHAEL DIRK
 1027 CAPE CORAL PKWY
 CAPE CORAL FL 33904

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: _____ (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, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DPT ATHERTON, MICHAEL DIRK	<input type="checkbox"/> Delete
STREET ADDRESS	1027 CAPE CORAL PKWY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME	S ATHERTON, MICHAEL DIRK	<input type="checkbox"/> Delete
STREET ADDRESS	1027 CAPE CORAL PKWY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 a voter like empowered.

SIGNATURE: Michael Dirk Atherton **MICHAEL DIRK ATHERTON**
 Date: 8/28/2000 Daytime Phone #: 941-278-3290

CR2E034 (5/00)

Iguana Mia, Inc.

Attachment L62798
D0083617

August 28, 2000

FEI #65-0187651

Division of Corporations

Dear Secretary of State:

Subject: Lost UBR Report

We have received a U.B.R. form for late filers and we are sending the form in with the payment of \$558.75. We had previously already mailed in the first form on April 3, 2000 with check #1188 and it is obviously lost in the mail. Please review our account and you will find that we have an excellent record in filing all of our governmental records or forms on time. Please consider a refund for this error in the process of delivery. Thank you for your consideration.

Sincerely,



Michael Dirk Atherton
President / Authorized Signatory
Iguana Mia, Inc.

MDA

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment

L62798
D0083617

DOCUMENT # L62798

1. Entity Name
IGUANA MIA, INC.

Principal Place of Business: **1027 CAPE CORAL PKWY
CAPE CORAL FL 33904**
Mailing Address: **1027 CAPE CORAL PKWY
CAPE CORAL FL 33904-9160**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0187651** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ATHERTON, MICHAEL DIRK
1027 CAPE CORAL PKWY
CAPE CORAL FL 33904.**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)

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-1-2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DPT	ATHERTON, MICHAEL DIRK		
1027 CAPE CORAL PKWY	1027 CAPE CORAL PKWY		
CAPE CORAL FL	CAPE CORAL FL		
S	ATHERTON, MICHAEL DIRK		
1027 CAPE CORAL PKWY	1027 CAPE CORAL PKWY		
CAPE CORAL FL	CAPE CORAL FL		

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: MICHAEL DIRK ATHERTON
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 941-278-3290
Date Daytime Phone #

CR2004 (0/00)

Date	Mt	Ref.	Account	Description	Item Amt.	Ref. Amt.
2/16/00	2	1177	5319	WEST COAST REFRIGERATION	296.80	296.80
2/16/00	2	1178	5307	TRULY NOLAN	116.60	116.60
2/16/00	2	1179	5301	EDWARD DON & CO	77.58	
2/16/00	2	1179	5303	EDWARD DON & CO	70.60	
2/16/00	2	1179	5304	EDWARD DON & CO	155.32	303.50
2/16/00	2	1180	4403	ALLIANT FOOD SERVICES	60.00	
2/16/00	2	1180	4404	ALLIANT FOOD SERVICES	131.28	
2/16/00	2	1180	4405	ALLIANT FOOD SERVICES	342.73	
2/16/00	2	1180	4454	ALLIANT FOOD SERVICES	166.80	
2/16/00	2	1180	5304	ALLIANT FOOD SERVICES	33.90	734.71
2/16/00	2	1181	5325	IGUANA MIA ADVERTISING	1,350.61	1,350.61
2/16/00	2	1182	5301	UYI INC	23.32	23.32
2/20/00	2	1183	2601	NATIONS BANK	5,385.05	
2/20/00	2	1183	5614	NATIONS BANK	2,427.38	7,812.43
2/20/00	2	1184	4401	SYSCO	160.15	
2/20/00	2	1184	4402	SYSCO	442.58	
2/20/00	2	1184	4403	SYSCO	361.77	964.50
2/20/00	2	1185	5302	ENERGY MIZER	95.39	95.39
2/20/00	2	1186	5307	LEE CARPET CLEANING	348.74	348.74
2/20/00	2	1187	5306	FERRELL GAS	324.53	324.53
2/20/00	2	1188	5622	DEPARTMENT OF STATE	158.75	158.75
2/20/00	2	1189	4405	EL MIRASOL INC	402.20	402.20
2/20/00	2	1190	5315	TARTAN TEXTILE	107.37	107.37
2/20/00	2	1191	5325	IGUANA MIA ADVERTISING	1,444.38	1,444.38
2/20/00	2	1192	4401	SYSCO	1,271.75	
2/20/00	2	1192	4402	SYSCO	763.67	
2/20/00	2	1192	4403	SYSCO	685.61	
2/20/00	2	1192	4404	SYSCO	398.59	
2/20/00	2	1192	4405	SYSCO	460.23	
2/20/00	2	1192	4405	SYSCO	5.05	
2/20/00	2	1192	4454	SYSCO	22.81	
2/20/00	2	1192	5301	SYSCO	38.84	
2/20/00	2	1192	5304	SYSCO	88.37	3,734.92

IGUANA MIA, INC.
GENERAL ACCOUNT

1188

Feb 20, 2000

Vendor: DEPARTMENT OF STATE

Check Amount: \$158.75

Item to be Paid - Description

Amount Paid

2000 UNIFORM BUSINESS REPORT

5122

158.75