## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 25, 2001 8:00 am **DOCUMENT # L62798 Secretary of State** IGUANA MIA, INC. 01-25-2001 90124 016 \*\*\*158.75 Principal Place of Business Mailing Address 027 CAPE CORAL PKWY 1027 CAPE CORAL PKWY CAPE CORAL FL 33904 CAPE CORAL FL 33904 D0007785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0187651 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATHERTON, MICHAEL DIRK Street Address (P.O. Box Number is Not Acceptable) 1027 CAPE CORAL PKWY CAPE CORAL FL 33904 City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITHE Delete TITLE Change ATHERTON, MICHAEL DIRK 1027 CAPE CORAL PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP TITLE ☐ Delete T(T) E ☐ Change ☐ Addition NAME ATHERTON, MICHAEL DIRK NAME STREET ADDRESS 1027 CAPE CORAL PKWY STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attachm other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

ATHERTON ED NAME OF SIGNING OFFICER OF DIRECTOR