

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90244 040 ****70.00

DOCUMENT # N00000004765

1. Entity Name
IGLOO ACADEMY. INC.



Principal Place of Business Mailing Address
5309 29TH STREET EAST 5309 29TH STREET EAST
ELLENTON FL 34222-4116 ELLENTON FL 34222-4116

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **65-1024896** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. Name
343 ALMERIA AVENUE **HUSMANN, MARGARET**
CORAL GABLES FL 33134 Street Address (P.O. Box Number is Not Acceptable)
5309 29th STREET EAST
City **ELLENTON** FL Zip Code **34222-4116**

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 *Margaret Husmann* DATE **4/18/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees **Make Check Payable to**
Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUSMANN, MARGARET 5309 29TH STREET EAST ELLENTON FL 34222-4116 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LEITCH, KERRY 5309 29TH STREET EAST ELLENTON FL 34222-4116 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HUSMANN, MARGARET 5309 29TH STREET EAST ELLENTON FL 34222-4116 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Husmann* DATE: **4/18/03** PHONE: **941-723-3663**

CR2E037 (10/02)