

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007846

1. Entity Name

INDEPENDENT ARCTIC MISSION, INC.

Principal Place of Business

6047 OGLESBY ROAD
MILTON FL 32570

Mailing Address

6047 OGLESBY ROAD
MILTON FL 32570

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90057 019 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3682102

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELVIN, CECILIA D
6047 OGLESBY ROAD
MILTON FL 32570

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS MELVIN, HIRAM J
CITY-ST-ZIP 6047 OGLESBY ROAD
MILTON FL 32570

TITLE ☐ Delete
NAME D
STREET ADDRESS MELVIN, CECILIA D
CITY-ST-ZIP 6047 OGLESBY ROAD
MILTON FL 32570

TITLE ☐ Delete
NAME D
STREET ADDRESS MELVIN, GABRIEL J
CITY-ST-ZIP 6047 OGLESBY ROAD
MILTON FL 32570

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME D/T/P
STREET ADDRESS MELVIN, HIRAM J
CITY-ST-ZIP 6047 OGLESBY ROAD
MILTON, FL 32570

TITLE ☐ Change ☒ Addition
NAME D/V/S
STREET ADDRESS MELVIN, CECILIA D
CITY-ST-ZIP 6047 OGLESBY ROAD
MILTON, FL 32570

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

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

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

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 16, 2001 (850) 983-7862
Date Daytime Phone #

CR2E037 (10/00)