

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007846

1. Entity Name

INDEPENDENT ARCTIC MISSION, INC.

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90134 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6047 OGLESBY ROAD  
MILTON FL 32570

6047 OGLESBY ROAD  
MILTON FL 32570

2. Principal Place of Business

6178 SWAINSON ST.

3. Mailing Address

6178 SWAINSON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MILTON, FL

City & State

MILTON, FL

4. FEI Number

59-3682102

Applied For

Not Applicable

Zip

32570

Country

USA

Zip

32570

Country

USA

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 MELVIN, CECILIA D

Street Address (P.O. Box Number is Not Acceptable)

6178 SWAINSON ST.

City MILTON

FL

Zip Code 32570

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	D	<input checked="" type="checkbox"/> Delete
NAME	MELVIN, HIRAM J	
STREET ADDRESS	6047 OGLESBY ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MELVIN, CECILIA D	
STREET ADDRESS	6047 OGLESBY ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELVIN, GABRIEL J	
STREET ADDRESS	6047 OGLESBY ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	DTP	<input type="checkbox"/> Delete
NAME	MELVIN, HIRAM J	
STREET ADDRESS	6047 OGLESBY ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MELVIN, CECILIA D	
STREET ADDRESS	6047 OGLESBY ROAD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN, GABRIEL J.	
STREET ADDRESS	6178 SWAINSON ST.	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	DTP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN, HIRAM J.	
STREET ADDRESS	6178 SWAINSON ST.	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN, CECILIA D	
STREET ADDRESS	6178 SWAINSON ST.	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 OF REGISTERED AGENT: MELVIN - DTP - Feb. 17, 2002

850-983-7862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)