

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N01000003686**

1. Entity Name

**ICE CRYSTALS, INC.**

Principal Place of Business

127 SE 48TH ST  
CAPE CORAL FL 33904

Mailing Address

127 SE 46TH ST  
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1059252

Applied For

Not Applicable

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

PUCKETT, BARBARA  
20231 SR 31  
N FT MYERS FL 33917

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 FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
DRANKO-NIELSON, SHELLY DR.  
923 DEL PRADO BLVD  
CAPE CORAL FL 33990 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
BICKLEY, KELLI  
5671 BAYSHORE RD  
N FT MYERS FL 33917 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
KEOHANE, CARRIE  
1308 BRADFORD RD  
FT MYERS FL 33901 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
O'NEIL, SUSAN  
127 SE 48TH ST  
CAPE CORAL FL 33904 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90049 011 \*\*\*\*61.25

21003



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)