

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90168 037 ***150.00

DOCUMENT # P00000036417

1. Entity Name

I C BLEU, INC.

Principal Place of Business

**2717 SEVILLE BLVD. SUITE 6304
CLEARWATER FL 33764**

Mailing Address

**2717 SEVILLE BLVD. SUITE 6304
CLEARWATER FL 33764**

2. Principal Place of Business

1757 Longview lane

Suite, Apt. #, etc.

3. Mailing Address

1757 Longview lane

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

4. FEI Number

593640619

Applied For

Not Applicable

Zip

34689

Country

USA

Zip

34689

Country

USA

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Cooper Caywood

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

1757 Longview Lane

City

Tarpon Springs FL

Zip Code

34689

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

430.01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CAYWOOD, COOPER**
STREET ADDRESS **2717 SEVILLE BLVD, SUITE 6304**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D/P** ☒ Change ☐ Addition
NAME **Caywood, Cooper**
STREET ADDRESS **1757 Longview Lane**
CITY-ST-ZIP **Tarpon Springs FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

430.01

Date

727 943 9355

Daytime Phone #

CR2E034 (10/00)