

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90114 043 ***550.00

DOCUMENT # P01000023787

1. Entity Name
I-WILL, INC.

Principal Place of Business

**1715 11TH CT SW
 VERO BEACH FL 32962**

Mailing Address

**1715 11TH CT SW
 VERO BEACH FL 32962**

2. Principal Place of Business

1826 7 Ave SW

3. Mailing Address

P.O. Box 650867

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO Bch FL

City & State

VERO Bch. FL

4. FEI Number

04-3641133

Applied For

Not Applicable

Zip

Country

32962 Indian River

Zip

Country

32965 Indian River

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COOKE, BRIAN J ESQ
 C/O ARNSTEIN & LEHR
 515 N. FLAGLER DRIVE STE 600
 WEST PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **CARMEL, LEON J**
 CITY-ST-ZIP **1715 11TH CT SW
 VERO BEACH FL 32962**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PRES. Carmel, Leon J**
 STREET ADDRESS **P.O. Box 650867**
 CITY-ST-ZIP **VERO BEACH FL 32965**

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

TITLE ☐ Change ☐ Addition
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 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: LEON J Carmel

7-9-02

**(561)
 262 9789**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)