

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2002 90561 034 ***150.00

UNR66822 AV

DOCUMENT # **P01000038475**

1. Entity Name
ICART NAUTIQUE, INC.

Principal Place of Business
**837 5TH AVE., SUITE 203
 NAPLES FL 34102**

Mailing Address
**837 5TH AVE., SUITE 203
 NAPLES FL 34102**

93192



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**3003 TAHIAHI TRAIL N
 SUITE, Apt. #, etc.
 SUITE 300**

3. Mailing Address
**3003 TAHIAHI TRAIL N.
 SUITE, Apt. #, etc.
 SUITE 300**

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number
59-3740642

Applied For
 Not Applicable

Zip
34103

Country
USA

Zip
34103

Country
USA

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAUR, THOMAS
 837 5TH AVE., SUITE 203
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name
NORMA VINCENT
 Street Address (P.O. Box Number is Not Acceptable)
**3003 TAHIAHI TRAIL N.
 #300**
 City **NAPLES FL** Zip Code **34103**

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 *Norma Vincent*

DATE **4/8/02**

Signature, typed or printed name of registered agent and use 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 \$150.00
After May 1, 2002 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete	D	HEISE, CHRISTIAN	837 5TH AVE., SUITE 203 NAPLES FL 34102
<input type="checkbox"/> Delete	D	HEISE, ISGARD	837 5TH AVE., SUITE 203 NAPLES FL 34102
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input checked="" type="checkbox"/>	D, P, S	HEISE CHRISTIAN	3003 TAHIAHI TRAIL N #300 NAPLES, FL 34103		
<input checked="" type="checkbox"/>	D, P, S	HEISE, ISGARD	3003 TAHIAHI TRAIL N. #300 NAPLES, FL 34103		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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: *Christian Heise*

DATE **4/8/02** DAYTIME PHONE # **941 430-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/01)