

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038475

1. Entity Name
ICART NAUTIQUE, INC.

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

05-24-2002 90561 034 ***150.00

UN86632 AV

93192



DO NOT WRITE IN THIS SPACE

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

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

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
Zip
34103
Country
USA

City & State
NAPLES FL
Zip
34103
Country
USA

4. FEI Number
59-3740642
Applied For
Not Applicable

5. 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
Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/02
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	D	<input type="checkbox"/> Delete
NAME	HEISE, CHRISTIAN	
STREET ADDRESS	837 5TH AVE., SUITE 203	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEISE, ISGARD	
STREET ADDRESS	837 5TH AVE., SUITE 203	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 941 430-1800
Date Daytime Phone #