

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90013 011 \*\*\*150.00

**DOCUMENT # P01000080850**

1. Entity Name  
**ICE DREAMS, INC.**

Principal Place of Business  
**300 MARY ESTHER BLVD., SUITE 96**  
**MARY ESTHER FL 32569**

Mailing Address  
**300 MARY ESTHER BLVD., SUITE 96**  
**MARY ESTHER FL 32569**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**300 Mary Esther Blvd.**

3. Mailing Address  
**300 Mary Esther Blvd.**

Suite/Apt. #, etc.  
**96**

Suite/Apt. #, etc.  
**96**

City & State  
**Mary Esther, FL**

City & State  
**Mary Esther, FL**

4. FEI Number Applied For  
☒ Not Applicable

Zip Country  
**32569 Okaloosa**

Zip Country  
**32569 Okaloosa**

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**

**RIGGS, WENDY**  
**957 JOHN WAYNE CIR.**  
**FT. WALTON BCH FL 32547**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>RIGGS, WENDY</b> <b>957 JOHN WAYNE CIR.</b> <b>FT. WALTON BCH FL 32547</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>YOUNG, KATHRYN D</b> <b>1185 FORESH SHORE DR.</b> <b>DESTIN FL 32550</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PTD</b> <b>Young, KATHRYN D</b> <b>154 COUNTRY CLUB DRIVE WEST</b> <b>DESTIN, FL 32541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Wendy Riggs  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 (850) 664-1200  
Date Daytime Phone #

CR2E034 (9/01)