

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90019 050 ***158.75

DOCUMENT # P01000112208

1. Entity Name

ARTISTIC ICE DESIGNS, INC.

Principal Place of Business

**1735 BRANTLEY ROAD
 SUITE 1608
 FORT MYERS FL 33907**

Mailing Address

**POST OFFICE BOX 1796
 BONITA SPRINGS FL 34133**

2. Principal Place of Business

2320 SW 21 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, Florida

City & State

4. FEI Number

65-1156261

Applied For

Not Applicable

Zip

Country

Zip

Country

33991

UNITED STATES

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

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145**

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

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 \$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 ☒ Delete
 NAME **PSTD KAHLER, SCOTT**
 STREET ADDRESS **1735 BRANTLEY ROAD SUITE 1608**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☒ Change ☐ Addition
 NAME **KAHLER, SCOTT**
 STREET ADDRESS **2320 SW 21 ST.**
 CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE ☐ Delete
 NAME **D KAHLER, RACHEL**
 STREET ADDRESS **1735 BRANTLEY ROAD SUITE 1608**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☒ Change ☐ Addition
 NAME **D KAHLER, RACHEL**
 STREET ADDRESS **2320 SW 21 ST.**
 CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

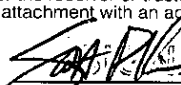
TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15
April 29, 2002

Date

FAX 283
239-283-4883

Daytime Phone #

CR2E034 (9/01)