2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002
Secretary of State

DOCUMENT# P01000113901

Entity Name: S.W. FLORIDA ICE INC.

Current Principal Place of Business:

1085 BUSINESS LN., UNIT 8
NAPLES, FL 34110

New Principal Place of Business:

1095 BUSINESS LN., UNIT 2
NAPLES, FL 34110

Current Mailing Address:

1085 BUSINESS LN., UNIT 8
NAPLES, FL 34110

New Mailing Address:

1095 BUSINESS LN., UNIT 2
NAPLES, FL 34110

FEI Number: 59-3745304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGEGNERI, MAURA
1085 BUSINESS LN., UNIT 8
NAPLES, FL 34110

Name and Address of New Registered Agent:

INGEGNERI, MAURA
1095 BUSINESS LN., UNIT 2
NAPLES, FL 34110

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: _____ 07/29/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: INGEGNERI, MAURA
Address: 23645 STONYRIVER PL.
City-St-Zip: BONITA SPRINGS, FL 34110

Title: D (X) Delete
Name: SEIDEN, MARCIA
Address: 23721 STONYRIVER PL.
City-St-Zip: BINITA SPRINGS, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: INGEGNERI, MAURA
Address: 7551 TREELINE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURA INGEGNERI GM 07/29/2002
Electronic Signature of Signing Officer or Director — Date