

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90044 014 ***150.00

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1. Entity Name

BELVEDERE ICE BOX, INC.



Principal Place of Business
3756 HWY 27
CLEWISTON FL 33440
US

Mailing Address
1010 PONCE DE LEON
CLEWISTON FL 33440
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 42-1629248

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUCHS, LANCE C
7108 FAIRWAY DRIVE
SUITE 200
PALM BEACH GARDENS FL 33418

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LEECH, ROBERT F
STREET ADDRESS 1010 PONCE DE LEON
CITY ST / ZIP CLEWISTON FL 33440 ☐ Delete

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

TITLE SD
NAME LEECH, WANDA
STREET ADDRESS 1010 PONCE DE LEON
CITY ST / ZIP CLEWISTON FL 33440 ☐ Delete

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

TITLE V
NAME CAIN, GERALD E
STREET ADDRESS 305 EMERSON CIRCLE
CITY ST / ZIP PALM SPRINGS FL 33469 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY ST / ZIP ☐ Delete

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CITY ST / ZIP ☐ Change ☐ Addition

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CITY ST / ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY ST / ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert F. Leech

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #