

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 94000035799

1. Entity Name

A.I.C.S. of Lee County, Inc. ✓

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90061 013 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2126 S.W. 48th Terrace~~  
~~Cape Coral, FL 33914~~

~~2126 S.W. 48th Terrace~~  
~~Cape Coral, FL 33914~~

2. Principal Place of Business

3. Mailing Address

1505 S.E. 40th Street

1505 S.E. 40th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C  
City & State

Suite C  
City & State

Cape Coral, FL

Cape Coral, FL

Zip

Country

Zip

Country

33904

33904

4. FEI Number

Applied For

65-0493311

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**COU49150**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Christine Mickuleit  
~~1634 S.E. 47th Street, Suite 3~~  
~~Cape Coral, FL 33904~~

Name

Christine Mickuleit

Street Address (P.O. Box Number is Not Acceptable)

4418 S. Del Prado Blvd.

Suite B

City

Cape Coral

FL

Zip Code

33904

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, 2000 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 PD ☐ Delete  
NAME Odwarka, Andreas  
STREET ADDRESS 1505 S.E. 40th Street, Suite C  
CITY-ST-ZIP Cape Coral, FL 33904

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  
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STREET ADDRESS  
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

04.12.01

941-549-9499