# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019877

1. Entity Name
TICE SOLUTIONS, INC.

FILED
01 SEP 19 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/27/01--01081--022
*****61.25 *****61.25

2001 AMENDED UBR

| Principal Place of Business | Mailing Address |
|---|---|
| | |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 2021 TIMBERLINE DR. Suite, Apt. #, etc. |
| City & State | City & State NAPLES FL. |
| Zip / Country | Zip 34109 / Country COLLIER |

4. FEI Number 650563953 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| FIDEL GONZALES<br>2325 55TH TERRACE S.W.<br>NAPLES, FL. 34116 | Name MICHAEL J. WERAB<br>Street Address (P.O. Box Number is Not Acceptable)<br>2021 TIMBERLINE DR.<br>City NAPLES FL Zip Code 34109 |

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 _____ 9-17-01
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, 2001 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 | PRESIDENT<br>MICHAEL J. WERAB<br>2021 TIMBERLINE DR.<br>NAPLES FL. 34109 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LISA WERAB<br>2021 TIMBERLINE DR.<br>NAPLES FL. 34109 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>FORREST PLIMM JR.<br>794 93RD AVE. N.<br>NAPLES FL. 34108 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FIDEL GONZALES<br>2325 55TH TERRACE S.W.<br>NAPLES FL. 34116 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (11/00)

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:** _____ 9-17-01 941-825-7366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #