

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088030

1. Entity Name

ICARUS CANOPIES, INC.

FILED

00 AUG 30 AM 8:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

848 BRICKELL AVENUE #1010
MIAMI FL 33131

Mailing Address

848 BRICKELL AVENUE #1010
MIAMI FL 33131

2. Principal Place of Business

38931 County Rd 54

3. Mailing Address

Suite, Apt. #, etc.
38931 County Rd 54

City & State

Zephyrhills Florida

City & State

Zephyrhills Florida

Zip

33540

Country

USA

Zip

33540

Country

USA

4. FEI Number

65-0934720

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OJEDA, ALAN
848 BRICKELL AVENUE #1010
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

38931 County Road 54

City Zephyrhills

FL

Zip Code 33540

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D
NAME OJEDA, ALAN
STREET ADDRESS 848 BRICKELL AVENUE #1010
CITY-ST-ZIP MIAMI FL 33131

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TITLE
NAME
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE GENERAL MANAGER
NAME SIMON MUNDALL
STREET ADDRESS 38931 COUNTY ROAD 54
CITY-ST-ZIP ZEPHYRHILLS FL 33540

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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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

18 July 2000 (813) 783-3366

Date

Daytime Phone #

CR2E034 (5/00)

KE