

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025135

1. Entity Name

WATER & ICE TO GO, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90063 014 ***150.00

Principal Place of Business

Mailing Address

5660 BAYSHORE RD
#12
NORTH FORT MYERS FL 33917
US

5660 BAYSHORE RD
#12
NORTH FORT MYERS FL 33917-8002
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0844099**

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

TRUAX, JULIE
522 SE 34 TERR
CAPE CORAL FL 33904

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.

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	P	<input type="checkbox"/> Delete
NAME	TRUAX, DON SR	
STREET ADDRESS	522 S.E. 34TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	V	<input type="checkbox"/> Delete
NAME	TRUAX, JULIE	
STREET ADDRESS	522 S.E. 34TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRUAX, CHRISTOPHER	
STREET ADDRESS	522 S.E. 34TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRUAX, DON II	
STREET ADDRESS	522 S.E. 34TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Julie Truax
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00
Date

941-731-2100
Daytime Phone #

CR2E034 (9/99)