

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048944

1. Entity Name

FIRE & ICE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90213 042 ***150.00

Principal Place of Business

Mailing Address

5117 CASTELLO DR. SUITE 1
 NAPLES FL 34103

5117 CASTELLO DR. SUITE 1
 NAPLES FL 34133-0279



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

28000 Spanish Wells Blvd
 Suite, Apt. #, etc.
 200

P.O. Box 279
 Suite, Apt. #, etc.

City & State
 Bonita Springs, FL
 Zip
 34135 Country

City & State
 Bonita Springs FL
 Zip
 34133 Country

4. FEI Number
 65-0930287

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

AMBURN, JAMES W.
 5117 CASTELLO DR. SUITE 1
 NAPLES FL 34103

Name
 Karey Hensley
 Street Address (P.O. Box Number is Not Acceptable)
 28000 Spanish Wells Blvd -
 Suite 200
 City
 Bonita Springs FL Zip
 34135

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 W. Amburn
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
 4-21-00

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	D	<input type="checkbox"/> Delete
NAME	VIETS, HEIKO	
STREET ADDRESS	5117 CASTELLO DR. SUITE 1	
CITY-ST-ZIP	NAPLES FL 34103	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIETS, HEIKO	
STREET ADDRESS	28000 Spanish Wells Blvd - He 200	
CITY-ST-ZIP	Bonita Springs, FL 34135	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)