

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90030 001 ***150.00

0542254

DOCUMENT # P99000048944

1. Entity Name
FIRE & ICE, INC.

Principal Place of Business
~~28000 SPANISH WELLS BLVD~~
~~#200~~
~~BONITA SPRINGS FL 34135~~

Mailing Address
 P O BOX 279
 BONITA SPRINGS FL 34133

2. Principal Place of Business
962 Barcamil Way
 Suite, Apt. #, etc.

3. Mailing Address
962 Barcamil Way
 Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples FL

Zip
33963

Country
USA

Zip
34108

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

HENSLEY, KAREY
~~28000 SPANISH WELLS BLVD~~ *10911 Bonita Beach Rd.*
~~STE 200~~ *Ste. 208-1*
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

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, 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

TITLE **D** ☐ Delete
 NAME **VIETS, HEIKO**
 STREET ADDRESS ~~28000 SPANISH WELLS BLVD #200~~ *Bonita Beach Rd*
 CITY-ST-ZIP **BONITA SPRINGS FL 34135** *Ste. 208-1*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, V, I, S, D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS *962 Barcamil Way*
 CITY-ST-ZIP *Naples FL 34108*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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 (10/00)