

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059294

1. Entity Name  
HOT ICE TOUCH, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90103 039 \*\*\*150.00

Principal Place of Business Mailing Address  
3956 TOWN CENTER BLVD., STE. 121 3956 TOWN CENTER BLVD., STE. 121  
ORLANDO FL 32837 ORLANDO FL 32837-6103

2. Principal Place of Business 3. Mailing Address  
877 GALS WORTHY AVE 877 GALS WORTHY AVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
ORLANDO, FL ORLANDO, FL  
Zip Country Zip Country  
32809 USA 32809 USA

4. FEI Number Applied For  
59-3585208 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CONBOY, ROGER A  
Q956 TOWN CENTER BLVD., STE. 121  
ORLANDO FL 32837

7. Name and Address of New Registered Agent  
Name ROGER A. CONBOY  
Street Address (P.O. Box Number is Not Acceptable)  
877 GALS WORTHY AVE  
City ORLANDO FL 32809

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 Roger A. Conboy PRESIDENT APRIL 3, 2000  
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	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER A. CONBOY		NAME		
STREET ADDRESS	877 GALS WORTHY AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL. 32809-6430		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Roger A. Conboy APR 3, 2000 407.856-4676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)