

00-03
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JAN 27 AM 9:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000060953

1. Entity Name

SOLID ICE TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2400 Feather Sound Drive

3. Mailing Address

2400 Feather Sound Drive

Suite, Apt. #, etc.

Suite 831

Suite, Apt. #, etc.

Suite 831

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33762

Country

USA

Zip

33762

Country

USA

4. FEI Number

59-3531909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Cody W. Waters

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

501 E. Kennedy Blvd., Suite 1700

City

Tampa

FL

Zip Code

33602

**DO NOT WRITE
IN THIS SPACE**

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

Cody W. Waters

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D, P, S, T
MCINNIS, ROBERT B
2400 Feather Sound Dr, Suite 831
Clearwater, FL 33762

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800011790038
02/04/03--01090--007 **\$600.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert M. Innis ROBERT B. MCINNIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.30.02 727 572 1536

Date

Daytime Phone #

CR2E034B (12/01)