

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90138 004 ***150.00

DOCUMENT # S92377

1. Entity Name
ILO INVESTMENTS, INC.

Principal Place of Business
237 LOOKOUT PL
STE 100
MAITLAND FL 32751
US

Mailing Address
PO BOX 1656
MAITLAND FL 32794
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
549 Wymore Road, North

3. Mailing Address

Suite, Apt. #, etc.
Suite 109

Suite, Apt. #, etc.

City & State
Maitland, FL

City & State

4. FEI Number
59-3095967

Applied For
 Not Applicable

Zip
32751

Country
USA

Zip

Country

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

ICARDI, JEFFREY A.
237 LOOKOUT PL
STE 100
MAITLAND FL 32751

Name
ICARDI, JEFFREY A.

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

549 Wymore Road, North, Suite 109

City **Maitland** **FL** Zip Code **32751**

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPST
ICARDI, JEFFREY A.
237 LOOKOUT PL STE 100
MAITLAND FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
549 Wymore Road, North, Ste. 109
Maitland, FL 32751

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVP
ICARDI, ALDO
237 LOOKOUT PL STE 100
MAITLAND FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
549 Wymore Road, North, Ste. 109
Maitland, FL 32751

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 (9/01)