


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90223 001 \*\*\*150.00

DOCUMENT # *P98000056493*

1. Entity Name *Triple Crown Ice Cream Inc.*



**DO NOT WRITE IN THIS SPACE**

70009920

2. Principal Place of Business  
*1600 S. Federal Highway*  
Suite, Apt. #, etc. *1101*

3. Mailing Address  
*SAME*  
Suite, Apt. #, etc.

City & State  
*Pompano Beach*

City & State

Zip  
*33062*

Country  
*BROWARD*

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
*650848898*

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Rick S. Jacobs, Esq.*

Street Address (P.O. Box Number is Not Acceptable)  
*1600 S. Federal Highway, Ste 1101*

City *Pompano Beach, FL* Zip Code *33062*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE *1/13/03*

Signature (typed or printed name of registered agent) and title if applicable. (NOTE: Registered Agent signature required when remaining)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	<i>PTDS</i>	TITLE	
NAME	<i>JACOBS, GAIL A</i>	NAME	
STREET ADDRESS	<i>1600 South Federal Highway, Ste 1101</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Pompano Beach, FL 33062</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gail A. Jacobs* Director DATE *1/13/02* 954-784-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)