

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90138 016 ***550.00

0155987 FP

DOCUMENT # V43562

1. Entity Name

PHILLY'S FAMOUS WATER ICE, INC.



Principal Place of Business

**4810 W DR MLK JR BLVD
SUITE G
TAMPA FL 33614
US**

Mailing Address

**4810 W DR MLK JR BLVD
SUITE G
TAMPA FL 33614
US**

2. Principal Place of Business

1102 N. 28th Street

3. Mailing Address

1102 N. 28th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33605

Country

USA

Zip

33605

Country

USA

4. FEI Number

59-3150603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAPIN, MAXWELL
654 ARBOR LAKE LANE
TAMPA FL 33602**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

Maxwell Lapin, Corp Secretary

7/10/03

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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 **P** ☐ Delete
NAME **PLOTKIN, ALEXANDER**
STREET ADDRESS **601 CHANNELSIDE WALKWAY, #1335**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **S** ☐ Delete
NAME **LAPIN, MAXWELL**
STREET ADDRESS **654 ARBOR LAKE LANE**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maxwell Lapin

Date

Daytime Phone #

7/10/03

813-353-8645

CR2E034 (4/03)