

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90005 023 \*\*\*150.00

0696196

**DOCUMENT # F99000001462**

1. Entity Name  
**PREMIUM ICE CREAM OF AMERICA, INC.**

Principal Place of Business <b>372A ST ARMANDS CIRCLE          SARASOTA FL 34236          US</b>	Mailing Address <b>100 APPLE TREE LANE          CLIFTON PARK NY 12065          US</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **14-1803924**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**HAMERLING, BARRY  
 4976 BOCAIRE BLVD.  
 BOCA RATON FL 33487**

**7. Name and Address of New Registered Agent**

Name **Hamerling, Barry**  
 Street Address **4830 Tallowood Lane**  
 City **Boca Raton, FL 33487**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP HAMERLING, BARRY 4976 BOCAIRE BLVD. BOCA RATON FL 33487</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WV JOYNT, F. WILLIAM 55 SO. MANNING BLVD. ALBANY NY 12203</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ROSENFELD, PETER 100 APPLETREE LANE CLIFTON PARK NY 12065</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP Hamerling, Barry 4830 Tallowood Lane Boca Raton, FL 33487</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/01**      **561-637-2414**  
 Date      Daytime Phone #

CR2E034 (10/00)