

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-16-2001 90005 023 ***150.00

0396196

DOCUMENT # F99000001462

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

Principal Place of Business 372A ST ARMANDS CIRCLE SARASOTA FL 34236 US	Mailing Address 100 APPLE TREE LANE CLIFTON PARK NY 12065 US
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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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Hamerling, Barry 4830 Tallowood Lane Boca Raton, FL 33487	<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

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: *Barry Hamerling Pres.* 3/12/01 561-637-2414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)