## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 15, 2001 8:00 am Secretary of State **DOCUMENT # G27832** 1. Entity Name 05-15-2001 90095 026 \*\*\*158.75 S.M.S., ICE CREAM INC. Principal Place of Business Mailing Address 3371 SW 42ND AVE H0055325 PALM CITY FL 34990 P. O. BOX 458 PALM CITY FL 34991 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2290845 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POPE, BRADLEY M. Street Address (P.O. Box Number is Not Acceptable) 3330 SW ST LUCIE SHORES DRIVE 5011 SW EIK River Court PALM CITY FL 34990 City Palm City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE Delete NAME NAME POPE, BRADLEY M 5011SW EIKRIVER Court STREET ADDRESS STREET ADDRESS 3330 SW ST LUCIE SHORES DR Palm CIN FI 34990 CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete ☐ Addition TITLE TITLE VST NAME NAME POPE, CINDY K. 5011JW EIK RIVER Lourt STREET ADDRESS STREET ADDRESS 3330 SW ST LUCIE SHORES DR Parm LRY FI J4990 CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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: Long & Pope Cong Klipe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 56-287-2844

**FILED** 

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