

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87839

1. Entity Name

DANISH CRISPY CONE, INC.

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90037 005 ***158.00

Principal Place of Business

Mailing Address

~~ONE (1) BAY POINTE DR.~~
~~ORMOND BEACH FL 32174-9233~~

~~ONE BAY POINTE DRIVE~~
~~ORMOND BEACH FL 32174-9233~~
~~HS~~

2. Principal Place of Business

3. Mailing Address

Box 2748

Box 2748

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAYTONA BEACH

DAYTONA BEACH

Zip

32115 Volusia

Zip

32115 Volusia

4. FEI Number 59-2644856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTNE, ARNE L.

~~BAY POINTE #1~~

P.O. BOX 2748 (DAYTONA BEACH, FL 32015)

~~ORMOND BEACH FL 32074~~

Name

(SAME) ARNE L. ROTNE

Street Address (P.O. Box Number is Not Acceptable)

Box 2748

DAYTONA BCH

FL

Zip Code 32115

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

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

(NOTE: Registered Agent signature required when reinstating)

3/19/01

DATE

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 PST
NAME PIRCHERT, MOGENS
STREET ADDRESS FYRRETOFEN 5 6830 NR.
CITY-ST-ZIP NEBEL DENMARK ☐ Delete

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

TITLE V
NAME ROTNE, ARNE L.
STREET ADDRESS ~~#1 BAY POINTE DRIVE~~
CITY-ST-ZIP ~~ORMOND BEACH FL~~ ☐ Delete

TITLE
NAME ROTNE ARNE L.
STREET ADDRESS P.O. Box 2748 DAYTONA BCH
CITY-ST-ZIP FL 32115 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/01 904437-3556

CR2E034 (10/00)