

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J04074

1. Entity Name

THE ICE CREAM STATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90010 032 ***150.00

Principal Place of Business

RT. 1. BOX 82
SAN MATEO FL 32187
US

Mailing Address

RT. 1. BOX 82
SAN MATEO FL 32187-8711
US

2. Principal Place of Business
631 Hwy 17 South

Suite, Apt. #, etc.

3. Mailing Address
631 Hwy 17 South

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2673836**

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

7. Name and Address of New Registered Agent

JONES, SANDRA M
HWY 17
SATSUMA FL 32189

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	NICHOLSON, CAROLYN H.	
STREET ADDRESS	STAR RT. 1 BOX 559	
CITY-ST-ZIP	SATSUMA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLSON, JAMES D.	
STREET ADDRESS	STAR RT. 1 BOX 559	
CITY-ST-ZIP	SATSUMA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, SANDRA	
STREET ADDRESS	HWY 17	
CITY-ST-ZIP	SATSUMA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	308 Cove Drive	
CITY-ST-ZIP	Satsuma, FL 32189	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	308 Cove Drive	
CITY-ST-ZIP	Satsuma, FL 32189	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Carolyn H. Nicholson* **CAROLYN H. NICHOLSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-325-0800

CR2E034 (9/99)