

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0022600

DOCUMENT # L00000014576

1. Entity Name

ICE CREAM USA OF FLORIDA, LLC



Principal Place of Business

28651 TRAILS EDGE BLVD.
BONITA SPRINGS FL 34134

Mailing Address

500 BROADWAY STREET
BERLIN PA 15530

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-2585143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASEY, PATRICK JD, CPA
SUNSHINE PROFESSIONAL CENTER
9240 BONITA BEACH ROAD
BONITA SPRINGS FL 34135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/17/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P
NAME BITTNER, KIM L
STREET ADDRESS 123 AIKEN AVENUE
CITY-ST-ZIP SOMERSET PA 15501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM
NAME PENTRACK, DAVID R
STREET ADDRESS 617 WALTERS AVENUE
CITY-ST-ZIP JOHNSTOWN PA 15904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM
NAME BITTNER, R. CRAIG
STREET ADDRESS 165 WESTRIDGE ROAD
CITY-ST-ZIP SOMERSET PA 15501

TITLE
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11/13/03

864-267-4122

CR2E083 (4/03)