

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90278 001 \*\*\*300.00

0610784 AV

**DOCUMENT # L31189**

1. Entity Name  
**MELISSA ICE CREAM COMPANY, INC.**



Principal Place of Business  
**2311 E. OCEAN BLVD.  
SUITE A  
STUART FL 34996**

Mailing Address  
**2311 E. OCEAN BLVD.  
SUITE A  
STUART FL 34996**

2. Principal Place of Business  
**SAME**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2980901**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**DOLICA, ANGELO T.  
2311 E. OCEAN BLVD.  
STUART FL 34996**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOLICA, ANGELO T.	
STREET ADDRESS	2311 E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARECCIA, PAUL R.	
STREET ADDRESS	2311 E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARECCIA, LIZABETH	
STREET ADDRESS	2311 E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOLICA, ELIZABETH	
STREET ADDRESS	2311 E. OCEAN BLVD.	
CITY-ST-ZIP	STUART 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"/> 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	
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL R. CARECCIA V.P. 1/6/03 (772) 287-8751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)