

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006474

1. Entity Name

ANYTIME ICE COMPANY, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -4 PM 1:24

Principal Place of Business

500 TRINITY LANE. #11201  
ST PETERSBURG FL 33716

Mailing Address

500 TRINITY LANE. #11201  
ST PETERSBURG FL 33716-1263



2. Principal Place of Business

12395 Belcher Rd  
Suite, Apt. #, etc.  
355

3. Mailing Address

12395 Belcher Rd  
Suite, Apt. #, etc.  
355

DO NOT WRITE IN THIS SPACE

City & State

Largo, FL  
Zip 33773 Country Pinellas

City & State

Largo, FL  
Zip 33773 Country Pinellas

4. FEI Number

59-3601923

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTELLANO, NELSON T  
101 EAST KENNEDY BLVD., STE 2700  
TAMPA FL 33601

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	General Manager SCOTT L. WALKER 500 Trinity Lane #11201 St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEMBER J. DAVID DURHAM 10550 County Rd 81 #220 Maple Grove, MN 55369	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	100003128091--9 -02/08/00--01118--011 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SCOTT L. WALKER

Date

Daytime Phone #

2/1/00 (727) 524-6558