

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90856 010 \*\*\*150.00

**DOCUMENT # P00000013215**

1. Entity Name  
**OLDE BRIDGE ICE CREAM CO.**

Principal Place of Business  
**611 S 6TH AVE  
 JACKSONVILLE BEACH FL 32250**

Mailing Address  
**611 S 6TH AVE  
 JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business  
**2 Fairfield Blvd**

3. Mailing Address

Suite, Apt. #, etc.  
**Unit 2**

Suite, Apt. #, etc.

City & State  
**Ponte Vedra Beach FL**

City & State

4. FEI Number **59-3622723**

Applied For  
 Not Applicable

Zip  
**32082**

Country  
**USA**

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**PATTERSON, LAWRENCE R  
 3010 S 3RD ST  
 JACKSONVILLE BEACH FL 32250**

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) 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, 2002 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

TITLE ☐ Delete  
 NAME **D KLUG, DAVID C**  
 STREET ADDRESS **120 A1A NORTH, SUITE 102**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE ☒ Change ☐ Addition  
 NAME **David C. Klug**  
 STREET ADDRESS **611 6th Avenue South**  
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: \_\_\_\_\_

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02 904-273-0111**  
 Date Daytime Phone #

CR2E034 (9/01)