

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029685

1. Entity Name
THE ICE CREAM COMPANY

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90107 019 ***150.00

Principal Place of Business
**508 DRIFT WOOD CIRCLE
DESTIN FL 32541**

Mailing Address
**508 DRIFT WOOD CIRCLE
DESTIN FL 32541**

2. Principal Place of Business
**981 Hwy 98E.
Suite, Apt. #, etc.
Suite # 11**

3. Mailing Address
**981 Hwy 98 E.
Suite, Apt. #, etc.
Suite # 11**

City & State
Destin, FL.

City & State
Destin FL

Zip
32541

Country
USA

Zip
32541

Country
USA

4. FEI Number
59-3639644

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, WES
1185 FOREST SHORE DRIVE
DESTIN FL 32541**

Name **Wes Young**
Street Address (P.O. Box Number is Not Acceptable)
981 Hwy 98E. Suite # 11
City **Destin, FL.** FL Zip Code **32541**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Pres. Wes Young 1185 Forest Shore Dr Destin, FL 32550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		V.P. Roland Butler 508 Driftwood Circle Destin FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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: **Roland Butler, V.P. Roland Butler** 4-1-01 850-654-2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0035561

CR2E034 (10/00)