

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000035221**

1. Entity Name

ESKIMO KISSES, INC.

Principal Place of Business

29755 70TH ST. N.
CLEARWATER FL 33761

Mailing Address

29755 70TH ST. N.
CLEARWATER FL 33761

2. Principal Place of Business

1321 Riverside Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2124

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL 34689

Zip

Country

City & State

Palm Harbor, FL 34682-2124

Zip

Country

4. FEI Number

59-3634326

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****BOLLMAN, DONNA L**
29755 70TH ST. N.
CLEARWATER FL 33761

Name

Street Address (P.O. Box Number is Not Acceptable)

1321 Riverside Drive

City

Tarpon Springs**FL**Zip Code
34689

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 **Donna L Bollman**

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

(NOTE: Registered Agent signature required when reinstating)

4/26/01

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 State10. 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	D	<input type="checkbox"/> Delete
NAME	BOLLMAN, DONNA L	
STREET ADDRESS	29755 70TH ST. N.	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1321 Riverside Drive	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Donna L Bollman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/01

Daytime Phone #

727 934-7705

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)