

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90348 045 ***150.00

0480895

DOCUMENT # P00000036051

1. Entity Name

AUNTIE DI'S SOFT SERVE, INC.

Principal Place of Business

**4880 E. MICHIGAN STREET. #6
 ORLANDO FL 32812**

Mailing Address

**4880 E. MICHIGAN STREET. #6
 ORLANDO FL 32812**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3643560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
 ONE S.E. 3RD AVENUE, 28TH FLOOR
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **DAVID R. SLODKIN, CPA**

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

100 SOUTH PINE ISLAND RD ; SUITE #202

City **PLANTATION**

FL

Zip Code **33324**

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

DAVID R. SLODKIN, CPA

4/5/01

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

TITLE **President / Treasurer** ☐ Delete
 NAME **Andrew S. Stewart, DVM**
 STREET ADDRESS **4880 E. Michigan St Apt #6**
 CITY-ST-ZIP **Orlando, FL 32812**

TITLE **Secretary** ☐ Delete
 NAME **Sally Dixie Stewart**
 STREET ADDRESS **4880 E. Michigan St Apt #6**
 CITY-ST-ZIP **Orlando, FL 32812**

TITLE **Vice President** ☐ Delete
 NAME **Andrew T. Stewart**
 STREET ADDRESS **1605 Bay Road #509**
 CITY-ST-ZIP **Miami Beach FL 33139**

TITLE **Vice President** ☐ Delete
 NAME **Charlotte D. Stewart**
 STREET ADDRESS **4880 E. Michigan St Apt #6**
 CITY-ST-ZIP **Orlando FL 32812**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew S Stewart

President

4/23/01

Date

954-382-9460

Daytime Phone #

CR2E034 (10/00)