FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90149 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047280

1. Entity Name

Benny's Ice House, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9803 S. Military Trail
Suite, Apt. #, etc.
City & State: Boynton Beach Fla
Zip: 33436 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State: same
Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1005945 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Benjamin Townend J
Street Address (P.O. Box Number is Not Acceptable)
3628 Genevra Ave.
City: Boynton Beach FL Zip Code: 33436

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: ~~Pdst~~ Pres.	TITLE:
NAME: Benjamin J Townend	NAME:
STREET ADDRESS: 3628 Genevra Ave.	STREET ADDRESS:
CITY-ST-ZIP: Boynton Beach, Fla 33436	CITY-ST-ZIP:
TITLE: V	TITLE:
NAME: Michael R Townend	NAME:
STREET ADDRESS: 4615 Woodmere Ln.	STREET ADDRESS:
CITY-ST-ZIP: Lake Worth, Fla 33463	CITY-ST-ZIP:
TITLE: V	TITLE:
NAME: William C Townend	NAME:
STREET ADDRESS: 6720 43rd ave S.	STREET ADDRESS:
CITY-ST-ZIP: Lake Worth, Fla 33463	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
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NAME:	NAME:
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CITY-ST-ZIP:	CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Benjamin J. Townend 4/26/02 561-734-6924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #