

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90237 049 \*\*\*150.00

DOCUMENT # P00000052675

1. Entity Name  
SCOOPS ITALIA ICES, INC.

Principal Place of Business  
5865 STATE ROAD 16  
ST. AUGUSTINE FL 32092-0625

Mailing Address  
5865 STATE ROAD 16  
ST. AUGUSTINE FL 32092-0625

2. Principal Place of Business  
3 CORDOVA STREET  
Suite, Apt. #, etc. F

3. Mailing Address  
5865 STATE ROAD 16  
Suite, Apt. #, etc.

City & State  
SAINT AUGUSTINE, FL  
Zip 32084 Country U.S.A.

City & State  
ST. AUGUSTINE, FL  
Zip 32092-0625 Country U.S.A.

4. FEI Number  
59-3676024

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ALEXANDER, J. STEPHEN  
19 OLD MISSION AVENUE  
ST. AUGUSTINE FL 32084

## 7. Name and Address of New Registered Agent

Name W. HENRY O'CONNELL  
Street Address (P.O. Box Number is Not Acceptable)  
2200 N. FORCE DE LEON BLVD, SUITE 10  
City SAINT AUGUSTINE FL Zip Code 32084

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-2001

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 PD  
NAME DI GREGORIO, ALEXANDER  
STREET ADDRESS 5865 STATE ROAD 16  
CITY-ST-ZIP ST. AUGUSTINE FL 32092-0625 ☐ Delete

TITLE STD  
NAME DI GREGORIO, FRANCES  
STREET ADDRESS 5865 STATE ROAD 16  
CITY-ST-ZIP ST. AUGUSTINE FL 32092-0625 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Frances Di Gregorio* FRANCES DI GREGORIO 4-18-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)