

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90195 040 ***150.00

DOCUMENT # P00000072790

1. Entity Name

BRROTHERS ITALIAN WATER ICE, INC.

Principal Place of Business

**11772 KING FISHER LN., E
JACKSONVILLE FL 32218**

Mailing Address

**11772 KING FISHER LN., E
JACKSONVILLE FL 32218**

2. Principal Place of Business

5538 Soutel Drive

Suite, Apt. #, etc.

3. Mailing Address

5538 Soutel Drive

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip **32219**

Country **US**

City & State

JACKSONVILLE, FL

Zip **32219**

Country **US**

4. FEI Number

59-3662175

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NORTHROP, REGGIE V
11772 KING FISHER LN., E
JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

Name

NORTHROP, REGGIE V

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

11772 Kingfisher LN.E

City

JACKSONVILLE

FL

Zip Code

32218

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

TITLE **D** ☐ Delete
NAME **NORTHROP, REGGIE V**
STREET ADDRESS **11772 KING FISHER LN., E**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☐ Delete
NAME **HAMMONDS, VONDA J**
STREET ADDRESS **11772 KING FISHER LN., E**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Pres** ☐ Change ☐ Addition
NAME **NORTHROP Reggie V**
STREET ADDRESS **11772 Kingfisher LNE**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **VP** ☒ Change ☐ Addition
NAME **Hammons Vonda J**
STREET ADDRESS **7674 Cranberry LANE South**
CITY-ST-ZIP **JACKSONVILLE FL 32214**

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:

RV. Northrop
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01
Date

9049248100
Daytime Phone #

CR2E034 (10/00)