

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90623 010 ***150.00

0008853

DOCUMENT # P0000011711

1. Entity Name
SOUTH POLE SMOOTHIES FRANCHISE SYSTEMS, INC.

| | |
|--|--|
| Principal Place of Business 2780 E FOWLER AVENUE #161 TAMPA FL 33612 | Mailing Address 2780 E FOWLER AVENUE #161 TAMPA FL 33612 |
|--|--|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | |
|------------------------------------|---|--|
| 4. FEI Number 59-3695607 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|------------------------------------|---|--|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANNA, LEMAR & MORRIS, C.P.A.'S., P.A.
6508 E FOWLER AVE
TAMPA FL 33617

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State FL Zip Code |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|----------------|---|-----------------------------------|
| TITLE | NAME | TITLE | NAME |
| D | THODE, DANIEL | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5428 DEERBROOKE CREEK CIR #6 | TAMPA FL 33624 | | |
| D | THODE, SUSAN | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1000 WEST HORACIO STREET | TAMPA FL 33606 | | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> 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 DANIEL THODE Date 3-5-01 Daytime Phone # 813-963-1334

CR2E034 (10/00)