

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90314 011 ***150.00

SECRETARY OF STATE

DOCUMENT # P00000111711

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



Principal Place of Business
**2200 E FOWLER AVENUE
TAMPA FL 33612**

Mailing Address
**PO BOX 11705
TAMPA FL 33680**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**2780 E. FOWLER AVE.
161**

City & State
TAMPA, FL

Zip
33612

Country
USA

CHECK HERE IF MAKING CHANGES.

4. FEI Number **59-3695607**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

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

7. Name and Address of New Registered Agent

Name **DANIEL THODE**

Street Address (P.O. Box Number is Not Acceptable)
15433 PLANTATION OAKS DR. #3

City **TAMPA** FL Zip Code **33647**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DANIEL THODE, PRESIDENT** DATE **4-15-03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	THODE, DANIEL
STREET ADDRESS	#214 E. POWHATAN AVE.
CITY-ST-ZIP	TAMPA FL 33604
TITLE	D <input type="checkbox"/> Delete
NAME	THODE, SUSAN
STREET ADDRESS	2692 ENTERPRISE RD. #1502
CITY-ST-ZIP	CLEARWATER FL 33759
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15433 PLANTATION OAKS DR. #3
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **DANIEL THODE, PRES.** DATE **4-15-03** DAYTIME PHONE # **813-767-8255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E094 (10/02)