

**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

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

6. Name and Address of Current Registered Agent  
**HANNA, LEMAR & MORRIS, C.P.A.'S, P.A.  
6508 E FOWLER AVE  
TAMPA FL 33617**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>THODE, DANIEL</b>
STREET ADDRESS	<b>#214 E. POWHATAN AVE.</b>
CITY-ST-ZIP	<b>TAMPA FL 33604</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>THODE, SUSAN</b>
STREET ADDRESS	<b>2692 ENTERPRISE RD. #1502</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>
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	<b>15433 PLANTATION OAKS DR. #3</b>
CITY-ST-ZIP	<b>TAMPA, FL 33647</b>
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 lines 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)