

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

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90092 047 \*\*\*150.00

DOCUMENT # P01000016972

1. Entity Name

ICE CREAM & MORE, Inc.

**DO NOT WRITE IN THIS SPACE**

B0051504

2. Principal Place of Business

3419 Mexicali St

Suite, Apt. #, etc.

3. Mailing Address

3419 Mexicali St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

New Port Richey FL

Zip

Country

34655

City & State

New Port Richey FL

Zip

Country

34655

4. FEI Number

59-3697251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

James H. Collier Sr

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

9110 Starling Lane

City

Port Richey

FL

Zip Code

34668

**DO NOT WRITE  
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Christopher M. Thanner  
3419 Mexicali St  
New Port Richey FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Jodi L. Thanner  
3419 Mexicali St  
New Port Richey FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Thomas  
Charles Lodico  
1455 Grove St  
Clearwater, FL 33755

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jodi L. Thanner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jodi L. Thanner

1-31-02

Date

(727) 395-1371

Daytime Phone #

CR2E034B (12/01)