FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 02, 2002 8:00 am Secretary of State P01000018675 DOCUMENT # 1. Entity Name 09-02-2002 90148 033 \*\*\*150.00 OLDE TYME ICE CREAM, INC. Principal Place of Business Mailing Address HWY 20 EAST HWY 20 EAST NICEVILLE FL 32578 NICEVILLE FL 32578 DO NOT WRITE IN THIS SPACE Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERSON, JOHN Acceptable) HWY 20 EAST NICEVILLE FL 32578 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. 8-7-02 SIGNATURE Signature ped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE CR2E034 (4/02) Addition SCHUTT, KAREN S NAME STREET ADDRESS **508 SAMANA WAY** STREET ADDRESS CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-ZIP ۷D ☐ Delete TITLE Change ☐ Addition NAME SCHUTT, B. STEVEN NAME STREET ADDRESS 508 SAMANA WAY STREET ADDRESS CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

■ Addition

TAXPRO

912 South Palm Boulevard, Suite E • Niceville, FL 32578 • (850) 729-1129

August 1, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir-or Madam:

This letter is regarding Olde Tyme Ice Cream, Inc. This corporation was only incorporated for six months when their first Uniform Business Report was due. The corporation was not aware that they were to send this report in prior to receiving this second notice from your division. Please waive the penalties for this corporation for this report.

Sincerely,

John Peterson