

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90227 030 ***158.75

DOCUMENT # P01000059489
1. Entity Name
LOTS OF LICKS ICE CREAM AND EATERY CORPORATION

Principal Place of Business
3855 TAMiami TRAIL
PUNTA GORDA FL 33950

Mailing Address
3855 TAMiami TRAIL
PUNTA GORDA FL 33950



DO NOT WRITE IN THIS SPACE

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 65-1114369	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARNKE, JEANNE 5810 OAKVIEW LANE PUNTA GORDA FL 33950	Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME WENKE, WILLIAM STREET ADDRESS 5810 OAKVIEW LANE CITY-ST-ZIP PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete	TITLE PD NAME WARNKE, JEANNE STREET ADDRESS 5810 OAKVIEW LANE CITY-ST-ZIP PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME WENKE, JEANNE STREET ADDRESS 5810 OAKVIEW LANE CITY-ST-ZIP PUNTA GORDA FL 33950	<input type="checkbox"/> Delete	TITLE TD NAME WARNKE, JEANNE STREET ADDRESS 5810 OAKVIEW LANE CITY-ST-ZIP PUNTA GORDA FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME NAPOLEON, LAWRENCE STREET ADDRESS 6488 ANGLE PLACE CITY-ST-ZIP NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete	TITLE VD NAME WARNKE, JEANNE STREET ADDRESS 5810 OAKVIEW LANE CITY-ST-ZIP PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME NAPOLEON, MICHELLE STREET ADDRESS 6488 ANGLE PLACE CITY-ST-ZIP NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete	TITLE SD NAME WARNKE, JEANNE STREET ADDRESS 5810 OAKVIEW LANE CITY-ST-ZIP PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *JEANNE WARNKE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 *94-505-2752*
94-505-8330

CR2E034 (9/01)