

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90273 007 ***150.00

DOCUMENT # P01000072250

1. Entity Name
SCOOPS AHOY, INC.

Principal Place of Business

**6437 CENTRAL AVE.
 ST. PETERSBURG FL 33710**

Mailing Address

**6437 CENTRAL AVE.
 ST. PETERSBURG FL 33710**

B0073334

***NEW ADDRESS**

***NEW ADDRESS**

2. Principal Place of Business

189 2nd AVE N

3. Mailing Address

409 Pasadena Aves

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

Applied for

☒ Applied For

☐ Not Applicable

Zip

33701

County

Pinellas

Zip

33707

County

Pinellas

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GALANTIS, MERI
 6437 CENTRAL AVE.
 ST. PETERSBURG FL 33710**

**409 Pasadena Aves
 St. Petersburg, FL
 33707**

7. Name and Address of New Registered Agent

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

Meri Galantis

4/10/02

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)

☐

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.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **GALANTIS, MERI**
 STREET ADDRESS **6437 CENTRAL AVE. 409 Pasadena Aves.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33710 St. Pete FL 33707**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 Block 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/02 727-5424145

CR2E034 (9/01)