

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90072 011 \*\*\*150.00

**DOCUMENT # P01000072250**

1. Entity Name  
**SCOOPS AHOY, INC.**



Principal Place of Business  
**189 2ND AVENUE N  
ST. PETERSBURG FL 33710**

Mailing Address  
**409 PASADENA AVE S  
SAINT PETERSBURG FL 33707**



2. Principal Place of Business

3. Mailing Address  
**189 2nd AVE N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**St. Pete FL 33707**

4. FEI Number **APPLIED FOR**  
**02-0585669**

☒ Applied For  
☐ Not Applicable

Zip  
**33701**

Country

Zip  
**33701**

Country  
**PINELLAS**

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

6. Name and Address of Current Registered Agent

**GALANTIS, MERI  
409 PASADENA AVE S  
SAINT PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name **MERI GALANTIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**7024 S. SHORE DR. S.  
ST. PETE FL**  
City **FL** Zip Code **33707**

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 **MERI GALANTIS**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/21/03**  
DATE

**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 **D** ☐ Delete  
NAME **GALANTIS, MERI**  
STREET ADDRESS **409 PASADENA AVE S**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **GALANTIS, MERI**  
STREET ADDRESS **7024 S. SHORE DR. S.**  
CITY-ST-ZIP **ST. PETE, FL 33707**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: **SMITH GALANTIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/03**  
Date

**727-5424145**  
Daytime Phone #

CR2E034 (10/02)