


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

B 192

**FILED**  
04 JUL 21 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> P01000091174 <b>1. Entity Name</b>  <b>THREE SISTERS OLDFASHION ICE CREAM AND MORE. INC.</b>	
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**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <b>5131 S.W 22nd St.</b>  Suite, Apt. #, etc.	<b>3. Mailing Address</b> <b>The same</b>  Suite, Apt. #, etc.
<b>City &amp; State</b> <b>West Hollywood, FL</b>	<b>City &amp; State</b>
<b>Zip</b> <b>33023</b>	<b>Country</b>

<b>4. FEI Number</b> <b>65-1139141</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> Spiegel & Utrera, P.A.	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>  1840 SW 22nd St, 4th Floor	
	<b>City</b> Miami	<b>FL</b> <b>Zip Code</b> 33145

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PSD, Towns, Lassie R 5131 S.W 22nd Street West Hollywood, FL 33023	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VT, Towns, Michael 5131 S.W 22nd Street West Hollywood, FL 33023	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	500039731825 07/30/04--01050--014 **150.00
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

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

**SIGNATURE:** Lassie R Towns **Lassie R. Towns**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/02)

P3222

**AFFIDAVIT IN SUPPORT OF**  
**REQUEST TO WAIVE THE**  
**FLORIDA DEPARTMENT OF STATE**  
**CORPORATE ANNUAL REPORT LATE FEES**

STATE OF FLORIDA )

COUNTY OF BROWARD )

1. Lassic R. Towns is a President of THREE SISTERS OLDFASHION ICE CREAM AND MORE, INC., a Florida corporation, (hereinafter "Corporation").

2. That the Corporation failed to file its 2004 Uniform Business Report or pay the 2004 Uniform Business Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:

2.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,

3. The Corporation requests the Florida Department of State waive the late fee for the Corporation upon the payment by the Corporation of its 2004 Uniform Business Report filing fee, which are presented simultaneously with this Affidavit.

4. THREE SISTERS OLDFASHION ICE CREAM AND MORE, INC. satisfies the requirements of the Florida Statutes 607.0401.

Dated: 14 day of July, 2004

FURTHER, AFFIANT SAYETH NOT

THREE SISTERS OLDFASHION ICE CREAM  
AND MORE, INC.

By: Lassic R. Towns  
Lassic R. Towns, President

**SWORN AND SUBSCRIBED**

before me this 14 day of July, 2004

Cynthia L. Murray

Notary Public, State of Florida at Large

Printed Name: Cynthia L. Murray

Commission Expires: May 26, 2007



Cynthia L. Murray  
MY COMMISSION # DD215383 EXPIRES  
May 26, 2007  
BONDED THRU TROY FAIR INSURANCE, INC.