

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0118108 AN

DOCUMENT # P02000016361

1. Entity Name
ALL MIXED UP, INC.
DBA Cold Stone CreameryPrincipal Place of Business
8317 GRANADA BLVD.
ORLANDO FL 32836Mailing Address
8317 GRANADA BLVD.
ORLANDO FL 32836FILED
03 APR 22 AM 11:35SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2312 South Kirkman Rd.
Suite, Apt. #, etc.

3. Mailing Address

2312 S. Kirkman Rd.
Suite, Apt. #, etc.☐ CHECK HERE IF MAKING CHANGESCity & State
Orlando, FloridaZip
32835Country
USACity & State
Orlando, FloridaZip
32835Country
USA

4. FEI Number

27-0006094

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TETREAU, LAWRENCE D
8317 GRANADA BLVD.
ORLANDO FL 32836

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. 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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TETREAU, LAWRENCE D
8317 GRANADA BLVD.
ORLANDO FL 32836 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7000170774077
04/25/03--01015--001 **150.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

407-563-2181

Daytime Phone #

CR2E034 (10/02)