

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90175 012 ***150.00

DOCUMENT # P02000024201

1. Entity Name
VIENNA CREAMERY, INC.



Principal Place of Business

**5439 MIRA VISTA DRIVE
PALM HARBOR FL 34685**

Mailing Address

**5439 MIRA VISTA DRIVE
PALM HARBOR FL 34685**

2. Principal Place of Business

3150 TAMPA ROAD

Suite, Apt. #, etc.

7

City & State

PALM HARBOR, FL

Zip

34685

Country

PINELLAS

3. Mailing Address

3150 TAMPA ROAD

Suite, Apt. #, etc.

7

City & State

PALM HARBOR, FL

Zip

34685

Country

PINELLAS



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-3029240

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STROSS, HOWARD C

1801 Pepper Tree DR.

5439 MIRA VISTA DRIVE

OLD SMAR, FL 34677

SUITE 301

PALM HARBOR FL 34685

(change of address)

(813) 852-6500 + phone

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

HOWARD C. STROSS, ESQ. x 3/06/03

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 **DPST** ☐ Delete
NAME **CONOLOGUE-CANNON, CAROL**
STREET ADDRESS **5439 MIRA VISTA DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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
STREET ADDRESS
CITY-ST-ZIP

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

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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: **X** **Cy Cannon** **REQUIRE CAROL CANNON-CONOLOGUE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727)
946-8853

CR2E034 (10/02)