2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State
01-16-2003 90082 005 ***150.00

DOCUMENT # P02000067023

1. Entity Name
SON'S ICE CREAM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5020 ENSIGN LOOP NEW PORT RICHEY FL 34652	5020 ENSIGN LOOP NEW PORT RICHEY FL 34652

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7236 SR52 Suite 5	7236 SR52
Suite, Apt. #, etc.:	Suite, Apt. #, etc.: 5
City & State: Hudson, Fl 34667	City & State: Hudson, Fl
Zip: 34667 Country: USA	Zip: 34667 Country: USA

4. FEI Number 043686649 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIDOMENICO, VICKIE
5020 ENSIGN LOOP
NEW PORT RICHEY FL 34652

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.

Vickie DiDomenico
SIGNATURE Vickie DiDomenico / President DATE 1/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ~~DIDMONEICO~~, VICKIE DiDomenico 5020 ENSIGN LOOP NEW PORT RICHEY FL 34652 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Vickie DiDomenico 1/13/03 (727) 863-0148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #