

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90110 047 ***158.75

DOCUMENT # P02000076298

1. Entity Name
DAISY'S ICE CREAM, INC.



Principal Place of Business
**824 MONTROSE ST
CLERMONT FL 34711**

Mailing Address
**824 MONTROSE ST
CLERMONT FL 34711**

2. Principal Place of Business

3. Mailing Address
437 LK Davenport Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DAVENPORT FLORIDA

Zip

Country

Zip

Country

33897

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GOVONI, BRIAN R
505 AVE A., NW, STE 102
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name **OFELIA P. de Gutierrez**
Street Address (P.O. Box Number is Not Acceptable)
437 LK DAVENPORT Blvd
City **DAVENPORT** **FL** Zip Code **33897**

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 **OFELIA P. de Gutierrez**
Signature, typed or printed name of registered agent and title, if applicable.

OFELIA I PECORA DE GUTIERREZ
(NOTE: Registered Agent signature required when reinstating)

01-07-03
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	<input type="checkbox"/> Delete
NAME	PECORA DE GUTIERREZ, OFELIA I	
STREET ADDRESS	824 MONTROSE ST	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **OFELIA P. de Gutierrez** **01-07-03** **863 424 1582**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)