2000 UNIFORM BUSINESS REPORT (UBR)

05-09-2000 90008 007 ***150.00
FILED P94000016870
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 27 AM 7:04

DOCUMENT # P94000016870

1 Entity Name

FROZEN ASSETS, INC.

Principal Place of Business	Mailing Address
4521 PGA BLVD STE 302 PALM BACH GARDENS FL 33418 US	4521 PGA BLVD STE 302 PALM BACH GARDENS FL 33418-3997 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0561123 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SABATASO, CYNTHIA M 9165 SE ATHENA ST. HOBE SOUND FL. 33455 Cynthia Sabatino - BMS	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTBY, CARL 4521 PGA BLVD, #302 PALM BEACH GARDENS FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl D. Ostby CARL D. OSTBY 4-20-2000 (561) 2180690
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

Carl D. Ostby Revised 4/2000

2 of 2

FROZEN ASSETS INC.

ICE SCULPTURE

Florida Dept. Of State **9/18/2000**
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Michelle Milligan
Document Specialist/Ref.#:P94000016870
Pursuant to our telephone conversation, I am returning the information you advised corrections made to Document.
I never received a rejection letter for report return so I am requesting you please waive the penalty fee and resume activity with the corrected report. The Florida Registered Agent is Cindy Sabataso:
9165 S.E. Athena St.
Hobe Sound, Florida 33455
Thank You **Sincerely,**
Carl D. Ostby/Frozen Assets, Inc./President

Carl D. Ostby

4521 P.G.A. BLVD. SUITE 302 PALM BEACH GARDENS, FLORIDA 33418 OFFICE: 561-218-0690 FAX: 561-218-0590