

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075097

1. Entity Name

FLORIDA TROPICAL ICE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90915 002 ***150.00

Principal Place of Business

Mailing Address

1768 HUDSON ST
ENGLEWOOD FL 34223
US

1768 HUDSON ST
ENGLEWOOD FL 34223-6424
US

2. Principal Place of Business

451 Morrison Ave

3. Mailing Address

451 Morrison

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood, FL

Zip

34223

Country

USA

Zip

34223

Country

USA

4. FEI Number

65-0530346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, BRUCE R
1768 HUDSON STREET
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name Brown, Bruce R.

Street Address (R.O. Box Number is Not Acceptable)

451 Morrison Ave

City Englewood

FL

Zip Code 34223

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE VP
NAME BROWN, BRUCE R
STREET ADDRESS 1768 HUDSON STREET
CITY-ST-ZIP ENGLEWOOD FL ☐ Delete

TITLE P
NAME BROWN, CAROL L
STREET ADDRESS 1768 HUDSON ST.
CITY-ST-ZIP ENGLEWOOD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME Brown, Bruce R. ☒ Change ☐ Addition
STREET ADDRESS 451 Morrison Ave
CITY-ST-ZIP Englewood, FL 34223

TITLE P
NAME Brown, Carol L. ☒ Change ☐ Addition
STREET ADDRESS 451 Morrison Ave
CITY-ST-ZIP Englewood, FL 34223

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

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

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

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

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: *Bruce R. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bruce R. Brown

Date 04/20/00

Daytime Phone # 475-1751

CR2E034 (9/99)