

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011550

1. Entity Name

FUNTIME ICE SERVICE INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90139 021 ***150.00

Principal Place of Business

Mailing Address

5020 45TH AVENUE NORTH
ST. PETERSBURG FL 33709

5020 45TH AVENUE NORTH
ST. PETERSBURG FL 33733-2848

2. Principal Place of Business

7295-60th North

3. Mailing Address

PO-Box 12848

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 4

City & State

Pine Hills Park FL

City & State

St Petersburg FL

Zip

Country

33781 U.S.

Zip

Country

33733-2848 U.S.

4. FEI Number

59-3360740

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

FORTE, JOSE H

5020 45 AVE NO

SAINT PETERSBURG FL 33709

7295-60th North

Pine Hills Park FL

33781

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 JOSE H FORTE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/11/00

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 VP
NAME FORTE, SUZANNE
STREET ADDRESS 5020 45 AVE. NO.
CITY-ST-ZIP ST. PETE FL

☒ Delete

TITLE P
NAME FORTE, JOSE
STREET ADDRESS 5020 45TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33709

☐ Delete

SEE ABOVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

JOSE H FORTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/00

Daytime Phone #

727-547-0841

CR2E034 19/99