

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011550

1. Entity Name

FUNTIME ICE SERVICE INC.

Principal Place of Business

7299 60 ST NORTH
APT 4
PINELLAS PARK FL 33781
US

Mailing Address

PO BOX 12848
ST PETERSBURG FL 33733-2848
US

2. Principal Place of Business

6440-31ST NORTH

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

S-PETERSBURG FL.

City & State

Zip

33702

Country

Zip

Country

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

FONTE, JOSE H
7295 60 ST-NORTH
PINELLAS PARK FL 33781

Name *JOSE H FONTE*

Street Address (P.O. Box Number is Not Acceptable)
6440-31ST NORTH

City *S-Petersburg* FL Zip Code *33702*

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 FONTE*

(NOTE: Registered Agent signature required when reinstating)

DATE *4/23/01*

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, 2001 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

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FONTE, JOSE 7295 60 ST-NORTH PINELLAS PARK FL 33781	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 FONTE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 727-528-2992

Date

Daytime Phone #