

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018738

1. Entity Name

DOLPHIN ICE CREAM COMPANY, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90047 002 ***150.00

Principal Place of Business 9841 ARBOR OAKS LN #208 BOCA RATON FL 33428 US	Mailing Address P.O. BOX 759031 CORAL SPRINGS FL 33075 US
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2. Principal Place of Business 9733 ARBOR OAKS LA. Suite, Apt. #, etc. #101 City & State BOCA RATON FL. Zip 33428 Country US	3. Mailing Address Suite, Apt. #, etc. PO BOX 759031 City & State CORAL SPRINGS, FL. Zip 33075 Country U.S.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0647548	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARRS, RUTHANN 9733 ARBOR OAKS LANE #101 BOCA RATON FL 33428	
7. Name and Address of New Registered Agent 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 [Signature] (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARRS, RUTHANN 9159D S.W. 22ND STREET BOCA RATON FL 33428 <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	D MARRS, EUGENE 9159 D S.W. 22ND ST BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00 561-715-3302
Date Daytime Phone #

CR2E034 (9/99)