

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024555

1. Entity Name
LOVE BOAT ICE CREAM, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90039 041 ***150.00

Principal Place of Business
16229 SAN CARLOS BLVD
FT MYERS FL 33908
US

Mailing Address
13611 MCGREGOR BLVD
SUITE 3
FT MYERS FL 33919
US

00000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0656290

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOLDBERG, DAVID
SOUTHWEST PROFESSIONAL SERV OF FT MYERS INC
~~13611 MCGREGOR BLVD, SUITE 3~~
FT MYERS FL 33919

Name

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

13671 MCGREGOR BLVD, SUITE 22

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, 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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WAWRIN, KEITH J
1725 SE 43RD ST
CAPE CORAL FL 33904 ☐ Delete

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

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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:

Keith Wawrin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH WAWRIN 1/11/2001

Date

Daytime Phone #

CR2E034 (10/00)

0089413