

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90059 046 ***150.00

DOCUMENT # P96000068102

1. Entity Name
NORMIE'S ICE CREAM COMPANY, INC.

Principal Place of Business

1125 SATINLEAF ST.
 HOLLYWOOD FL 33019
 US

Mailing Address

1125 SATINLEAF ST.
 HOLLYWOOD FL 33019
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 SW 142 AVENUE
 Suite, Apt. #, etc.
 APT. #408

3. Mailing Address

701 SW 142 AVENUE
 Suite, Apt. #, etc.
 APT. #408

City & State
 PEMBROKE PINES, FL

City & State
 PEMBROKE PINES, FL

4. FEI Number 65-0696887

Applied For
 Not Applicable

Zip
 33027

Country
 USA

Zip
 33027

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADDLESTONE, GAIL
 15723 NW 10 ST
 PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name
 GAIL ADDLESTONE

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

701 SW 142 AVENUE APT# 408
 City PEMBROKE PINES FL Zip Code 33027

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 GAIL ADDLESTONE

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

(NOTE: Registered Agent signature required when reinstating)

1/27/02
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT JACOBS, ADAM T 15723 NW 10TH ST PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ADDLESTONE, GAIL 15723 NW 10TH ST PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT JACOBS, ADAM T 701 SW 142 AVENUE APT#408 PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ADDLESTONE, GAIL 701 SW 142 AVENUE APT#408 PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

ADAM JACOBS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/02
 Date

954-662-8722
 Daytime Phone #

CR2E034 (9/01)