

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-08-2000 90126 016 ***150.00

DOCUMENT # ~~000~~ P96000083921

1. Entity Name

ARCTIC SUNDAES INC.

Principal Place of Business

Mailing Address

4401 NW. BLITCHTON RD. 2205 N.E. 2nd. ST.
 Ocala FL. 34482 Ocala FL. 34470
 Suite # 7 369 0110

2. Principal Place of Business

3. Mailing Address

2205 N.E. 2nd. Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 7

City & State

City & State

OCALA FL.

4. FEI Number

59 3408694

Applied For

Not Applicable

Zip

Country

Zip

Country

34470

MARION

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

JAMES J. UTTENREITHER

Name

2205 N.E. 2nd. STREET Suite #7
 Ocala FL. 34470

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, 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	Pres, JAMES J. UTTENREITHER 2205 NE. 2nd. St. #7 Ocala FL. 34470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. Patricia Makres Uttenreithe 2205 NE.2nd. St. #7 Ocala FL. 34470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. DEMETRIOS W. MAKRES 2205 NE. 2nd. St. #7 Ocala FL. 34470	<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

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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00

Date

352 369 0110

Daytime Phone #

CR2E034 (9/99)