FILED Mar 22, 2000 8:00 am Secretary of State 03-22-2000 90003 044 ***150.00

		1		03-22-200	0 90003 044 *	**150.0	OC
Principal Place	e of Business	Mailing Address					
07 UNITED STREET EY WEST FL 33040		P. O. BOX 5544 KEY WEST FL 33045-5544		829097			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CORRECT L.D	RITE IN THIS SPACE		63
City & State		City & State		4. FEI Number 65 07426	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired		75 Addi Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of Nev	v Registered Ager	ıt	
	,		Name				
48 S/	rson, Marcea M Apphire Dr	Street Addres		s (P.O. Box Number is Not Acceptable)			
KEY	WEST FL 33040	1	City		FL	Zip Code	· · · · · · · · · · · · · · · · · · ·
8. The above	named entity submits this statement	t for the purpose of changing	its registered office or regis	stered agent, or both, in the State of	Florida.		
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable. (1	NOTE: Registered Agent signature requ	uired when reinstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangi equirement and elects to do so. ia on back)	After MAY 1,	W!!! FEE IS \$150.00 2000 Fee will be \$550.0 yable to Department of \$				May Be to Fees
11.	OFFICER\$ AN	NO DIRECTORS	12.	ADDITIONS/CHANGES TO C	FFICERS AND DIF	ECTORS	IN 11
TITLE	PD	☐ Delete	TITLE			Change	☐ Addition
NAME	PETERSON, MARCIA M	1	NAME				
STREET ADDRESS	1207 UNITED STREET		STREET ADDRESS				
CITY-ST-ZIP	KEY WEST FL 33040		CITY-ST-ZIP				
TITLE	VSD	☐ Delete	TITLE		LJ	Change	Addition
NAME	BELL, ERIKA	I	NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	8 SAPPHIRE DR	i	CITY-ST-ZIP				
	KEY WEST FL 33040		TITLE			Change	Addition
TITLE Name		Delete	NAME		-	onango	-
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME		1	NAME				
STREET ADDRESS		1	STREET ADDRESS				1
CITY-ST-ZIP		-	CITY-ST-ZIP				
TITLE	•	☐ Delete	TITLE		Ц	Change	Addition
NAMÉ			NAME CERTEX ADDRESS				
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP				
· · · · · · · · · · · · · · · · · · ·		F7				Change	Addition
TITLE		Delete	TITLE NAME			Shange	
name Street address		•	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
13. I hereby	pertify that the information supplied to on this report or supplemental repo	rt is true and accurate and to	at mv signature snali nave t	ine same regal effect as il made unit	jer oani, maci am a	HI OHICEL I	UI UII OCIOI
	مم أما تتحمل بمع بالمرابع الأساب بالتاج بالمحالية المات الحال بالانات	management to by a selfa this car	and Streen wired by Charter	RAZ Florida Statutoe: and that my n	ama annears in Rh	ACK 11 Or	BIOCK 12 (f

13. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Holida statutes 1 to the 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 eath; 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

SATURE AND TYPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022678

1. Entity Name

BELLSON ICE CREAM COMPANY

3/16/80 305-294 Date 305-294