

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90023 030 ***150.00

DOCUMENT # P97000057656

1. Entity Name

CENTURY ICE, INC.

Principal Place of Business

**4226 NORTH RENELLIE DRIVE
TAMPA FL 33614**

Mailing Address

**4226 NORTH RENELLIE DRIVE
TAMPA FL 33614-7730**

2. Principal Place of Business

4226 NORTH RENELLIE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 151406
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

4. FEI Number

59-3456780

Applied For

Not Applied For

Zip

33614

Country

HILLSBOROUGH

Zip

33614

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CROSSNO, DAVID A
4226 NORTH RENELLIE DRIVE
TAMPA FL 33614**

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, 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

TITLE **D** ☒ Delete
NAME **SCHROEDER, DOUGLAS**
STREET ADDRESS **4226 NORTH RENELLIE DRIVE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **D** ☒ Delete
NAME **TAWNEY, JOHN J**
STREET ADDRESS **4226 NORTH RENELLIE DRIVE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **D** ☒ Delete
NAME **BRADY, STEVE**
STREET ADDRESS **4226 NORTH RENELLIE DRIVE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **D** ☐ Delete
NAME **CROSSNO, DAVID A.**
STREET ADDRESS **4226 N RENELLIE DR**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

David A. Crossno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #