

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91747 031 ***150.00

DOCUMENT # P970000083799
1. Entity Name
MARCO POLO PIZZA & ICE CREAM, INC.

U I R O U

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3244 E. Bay Dr.
Suite, Apt. #, etc.

3. Mailing Address
201 N. Harbor Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State HOLMES BEACH, FL.
City & State HOLMES BEACH, FL.

Zip 3217 Country MAAKE Zip 3217 Country MAAKE

4. FEI Number
65-0791729 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TRACY GUANE
Street Address (P.O. Box Number is Not Acceptable)
201 N. Harbor Dr.
City HOLMES BEACH, FL Zip Code 3217

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <u>President</u>	NAME <u>TRACY GUANE</u>	TITLE	
STREET ADDRESS <u>201 N. Harbor Dr</u>	<u>SAME</u>	NAME	
CITY-ST-ZIP <u>HOLMES BEACH, FL 3217</u>		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <u>Vice President</u>	NAME <u>SHAWN WATKINS</u>	TITLE	
STREET ADDRESS <u>4004 6th St.</u>	<u>SAME</u>	NAME	
CITY-ST-ZIP <u>HOLMES BEACH, FL 3217</u>		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE 5/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)