

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094616

1. Entity Name

ICE COLD, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90291 008 \*\*\*150.00

Principal Place of Business

Mailing Address

860 PORTERFIELD RD  
LABELLE FL 33935  
US

860 PORTERFIELD RD  
LABELLE FL 33935-6619  
US

2. Principal Place of Business

3. Mailing Address

15 Broward Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Labelle FL

City & State

4. FEI Number 65-0813263

Applied For  
Not Applicable

Zip  
33935

Country  
Hendry

Zip

Country

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

RAMUNNI, STEVEN A  
150 SOUTH MAIN ST, SUITE 3  
LABELLE FL

Name Jean Aylesworth  
Street Address (P.O. Box Number is Not Acceptable)  
860 Porterfield Rd  
City Labelle FL 33935

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4-26-00

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 D ☐ Delete  
NAME VAIRO, ROBERT J  
STREET ADDRESS 150 SOUTH MAIN ST, SUITE 3  
CITY-ST-ZIP LABELLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME OATES, JOYCE  
STREET ADDRESS 150 SOUTH MAIN ST, SUITE 3  
CITY-ST-ZIP LABELLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME AYLESWORTH, JEAN  
STREET ADDRESS 150 SOUTH MAIN ST, SUITE 3  
CITY-ST-ZIP LABELLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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 *Jean Aylesworth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 (863) 675-6905

CR2E034 (9/99)