

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 21, 2001 8:00 am
Secretary of State

05-21-2001 90349 048 ***150.00

DOCUMENT # P 000000 73640

1. Entity Name

LAURA J'S ICEHOUSE CAFE, INC

Principal Place of Business

Mailing Address

449 HWY 98
EASTPOINT, FL 32328

2. Principal Place of Business

449 HWY 98

3. Mailing Address

PO BOX 483

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EASTPOINT, FL

City & State

EASTPOINT, FL

4. FEI Number

59-365 7903

Applied For

Not Applicable

Zip

32328

Country

Zip

32328

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WILHELM V BOGAN
88 AVE G
APALACHICOLA, FL 32320

7. Name and Address of New Registered Agent

Name

CATHERINE CREAMER

Street Address (P.O. Box Number is Not Acceptable)

449 HIGHWAY 98

City

EASTPOINT,

FL

Zip Code

32328

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

Catherine Creamer

4/27/01

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, 2001 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 VICE PRESIDENT
NAME CATHERINE CREAMER
STREET ADDRESS 449 HWY 98
CITY-ST-ZIP EASTPOINT, FL 32328

☐ Delete

TITLE
NAME WILHELM BOGAN
STREET ADDRESS 88 AVE G
CITY-ST-ZIP APALACHICOLA, FL 32320

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES, SEC, TREAS
NAME CATHERINE CREAMER
STREET ADDRESS 449 HIGHWAY 98
CITY-ST-ZIP EASTPOINT, FL 32328

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Catherine Creamer

CATHERINE CREAMER

4/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Printed Name

CR2E034 (10/00)