

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011060

1. Entity Name
SIESTA ICES, INC.

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

05-15-2000 90229 046 ***150.00

Principal Place of Business
1019 WEST PEPPERTREE DRIVE
SARASOTA FL 34242-3224

Mailing Address
1019 WEST PEPPERTREE DRIVE
SARASOTA FL 34242-3224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4420 S. Tamiami TR
Suite, Apt. #, etc.

3. Mailing Address
4420 S. Tamiami TR
Suite, Apt. #, etc.

City & State
SARASOTA FL
Zip 34231 Country USA

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SARASOTA FL
Zip 34231 Country USA

4. FEI Number 65-0815211
Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent
WEITZEL, ROBERT LEE
1019 WEST PEPPERTREE DRIVE
SARASOTA FL 34242-3224

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 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 NAME STREET ADDRESS CITY-ST-ZIP	D WEITZEL, ROBERT LEE 1019 WEST PEPPERTREE DRIVE SARASOTA FL 34242-3224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORY, JOAN F 1019 WEST PEPPERTREE DRIVE SARASOTA FL 34242-3224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 4/28/00 (941) 927-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #